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Financial Disclosure Reports of

FINANCIAL DISCLOSURE REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 2005 and December 31, 2005

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO RULE XXVI, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 4)

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JULY 24, 2006.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

109th Congress, 2d Session - - - - - - - - - - - - - House Document 109–128

FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

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U.S. GOVERNMENT PRINTING OFFICE

28–811 WASHINGTON : 2006

LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 29, 2006.

Hon. J. DENNIS HASTERT,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVI.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVI by May 15, 2006. The compilation includes reported financial transactions which occurred between January 1, 2005 and December 31, 2005.

House Rule XXVI provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

KAREN L. HAAS,
Clerk, House of Representatives.

Enclosures.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER 4
2006 MAY 15 AM 10: 24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

Neil Abercrombie
(Full Name)
1502 Longworth HOB
(Mailing Address)
Washington DC 20515
Daytime Telephone: 5-2726

Filer Status	[X] Member of the U.S. House of Representatives — State: HI District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Neil Abercrombie	5-11-6

Name Neil Abercrombie | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Hawaii	Legislative pension	27,509.88
	Research Corporation of the University of Hawaii	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Iberia Bank Accounts				X											X						X										
JT	Congressional Federal Credit Union Bank Account				X																X											
JT	Congressional Federal Credit Union Savings Acct.		X													X						X										
JT	JPMorgan Chase			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Maritime Trades Dept. AFL-CIO	2/24 - 2/27	HI-San Diego - DC	Y	Y	N	1

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

2006 MAY 15 PM 4:01
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

10

MC

Gary L. Ackerman
(Full Name)

2243 Raybum Washington, DC 20515
(Mailing Address)

202-225-2601
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: NY District: 05	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more *from any source in the reporting period?* **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., *aggregating more than $305 and not otherwise exempt*)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	*Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts"* need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		MAY 15, 2006

5

SCHEDULE I - EARNED INCOME

Name Gary L. Ackerman

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Pride of Judea Mental Health Center/Jewish Board of Family and Children's Services	Spouse Compensation	N/A
Spouse Private Practice/Consulting	Spouse Compensation	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Gary L. Ackerman

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
The Connell Company	Speech	May 3, 2005	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Tribco, LLC (newspaper company), Flushing, NY	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000	
	IRA--Nationwide Annuity: Best of America IV Fixed Account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	IRA--Nationwide Annuity: Best of America IV Fixed Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
	IRA--Family Management Corp.	$15,001 - $50,000	See below for specific assets	See below	
	Melrose Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
	Citibank (checking/savings/Money Market accounts)	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

	Pershing/Alliance Cash/Money Market Government Account (part of Family Management Corp. IRA)	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Pershing/Alliance Cash/Money Market Government Account (separate accounts)	$1 - $1,000	INTEREST	$1 - $200	
	Pershing/Alliance Cash/Money Market Government Account (separate accounts)	$1,001 - $15,000	INTEREST	$1 - $200	
	Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	Sonus Networks, Inc. Stock (part of Family Management Corp. IRA)	$1,001 - $15,000	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE	
	Calamos Market & Neutral Fund Class A (part of Family Management Corp. IRA)	None	DIVIDENDS	$201 - $1,000	S
	Oppenheimer Main St. Income & Growth C	None	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE	S
	Seligman Frontier Fund, Class D	None	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE	S
	Pimco Real Return Fd Cl D (part of Family Management Corp. IRA)	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	
	Merger Fund (part of Family Management Corp. IRA)	$15,001 - $50,000	CAPITAL GAINS/INTERES T/DIVIDENDS	$201 - $1,000	
	Xenonics Options	$100,001 - $250,000	CAPITAL GAINS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

	Fidelity Investments, Magellen Fund	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Calamos Market & Neutral Fund Class A	S	6/29/05	$1,001 - $15,000
	Oppenheimer Main St. Income & Growth C	S	8/8/05	$1,001 - $15,000
	Seligman Frontier Fund, Class D	S	8/8/05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Gary L. Ackerman

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Selig Zises	Asset-backed personal loan	$50,001 - $100,000
	Citibank Checking Plus	Revolving credit	$15,001 - $50,000
	American Express	Revolving credit	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Gary L. Ackerman

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. *Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.* Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
New York Stock Exchange	9/12/05	NYC	N	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Gary L. Ackerman

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors (unpaid)	Tribco LLC

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 JUN 14 PM 2:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC ✓ (4)

Gary L. Ackerman
(Full Name)

2243 Raybum Washington, DC 20515
(Mailing Address)

202-225-2601
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: NY, District: 05	☐ Officer Or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gary L. Ackerman	6-14-06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

	Pershing/Alliance Cash/Money Market Government Account (part of Family Management Corp. IRA)	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Pershing/Alliance Cash/Money Market Government Account (separate accounts)	$1 - $1,000	INTEREST	$1 - $200	
	Pershing/Alliance Cash/Money Market Government Account (separate accounts)	$1,001 - $15,000	INTEREST	$1 - $200	
	Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	Sonus Networks, Inc. Stock (part of Family Management Corp. IRA)	$1,001 - $15,000	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE	
	Calamos Market & Neutral Fund Class A (part of Family Management Corp. IRA)	None	DIVIDENDS	$201 - $1,000	S
	Oppenheimer Main St. Income & Growth C	None	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE	S
	Seligman Frontier Fund, Class D	None	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE	S
	Pimco Real Return Fd Cl D (part of Family Management Corp. IRA)	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	
	Merger Fund (part of Family Management Corp. IRA)	$15,001 - $50,000	CAPITAL GAINS/INTERES T/DIVIDENDS	$201 - $1,000	
	Xenonics	$100,001 - $250,000	CAPITAL GAINS	$15,001 - $50,000	S--Partial

SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Calamos Market & Neutral Fund Class A	S	6/29/05	$1,001 - $15,000
	Oppenheimer Main St. Income & Growth C	S	8/8/05	$1,001 - $15,000
	Seligman Frontier Fund, Class D	S	8/8/05	$1,001 - $15,000
	Xenonics	S--Pt	2/10/05	$50,001 - $100,000

SCHEDULE V - LIABILITIES

Name Gary L. Ackerman

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citibank Checking Plus	Revolving credit	$15,001 - $50,000
	American Express	Revolving credit	$10,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 15 AM 9:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323
(Mailing Address)

(202) 225-4876
Daytime Telephone

HALEYVILLE, ALABAMA 35565-0323

Filer Status	[X] Member of the U.S. House of Representatives — State: ALABAMA District: 4TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert B. Aderholt	05/15/06

Name ROBERT BROWN ADERHOLT	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT BROWN ADERHOLT | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	N/A			

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Name ROBERT BROWN ADERHOLT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X							P
	Examples: Simon & Schuster			Indefinite																Royalties								X			
	Examples: JT 1st Bank of Paducah, KY accounts						X									X									X						
	60 ACRES LAND-Hoggleridge Haleyville, Alabama				X															Coal Royalties	X										
	COMMERCIAL BLDG - Hwy 5 S. Haleyville, Alabama							X							X											X					
	IRA - Traders & Farmers Bank			X												X					N/A										
	IRA-NY Life Securities, Inc.					X								X							N/A										
	IRA-New York Life Insurance			X												X					N/A										
SP	Beaver Dam Farm, Inc.			X																Farm Income					X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT BROWN ADERHOLT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
SP	65 ACRES LAND - Greenbrier Farms	F	Farm Income	I	
SP	30 ACRES LAND-1/16 Int- Huntsville	D	RENT	V	
	Congressional Fed Cred Un	B	INTEREST	I	
SP	Congressional Fed Cred Un	B	INTEREST	I	
JT	Community Bank	C	INTEREST	II	
	Traders & Farmers Bank	C	INTEREST	I	
SP	Traders & Farmers Bank	B	INTEREST	I	
DC	Traders & Farmers Bank	B	INTEREST	II	
	Com Stk - Glaxosmith Kline	C	DIVIDENDS	III	
	Com Stk - Telefonos De Mexico	A	DIVIDENDS	II	
	Com Stk - Prime Cash Series	C	DIVIDENDS	I	
	Com Stk - Alliance Capital	C	DIVIDENDS	I	
	Com Stk - H&Q Healthcare	C	CAPITAL GAINS	III	
	Com Stk - Ivax Corp.	C	DIVIDENDS; CAPITAL GAINS	I	
JT	Com Stk - Navistar Int.	C	DIVIDENDS	I	
	Com Stk - American Movil S.A.	B	DIVIDENDS	II	
	Com Stk - Oppenheimer & Co.	B	DIVIDENDS	II	

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Name ROBERT BROWN ADERHOLT | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	N/A														

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Name ROBERT BROWN ADERHOLT | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Ambassadors of Reconciliation Foundation - Tour Tsunami hit area	Jan 12-17	Wash.,D.C. - Columbo, Sri Lanka - Wash., D.C.	N	N	N	N
	The Heritage Foundation - RSC Retreat	Feb 3 - 4	Wash., D.C. - Baltimore - Wash., D.C.	Y	Y	N	N
	Association of American Railroads Speak at Legislative Conference	Feb 18 - 21	Wash., D.C. - Orlando - Huntsville, AL	Y	Y	Y	1 Day
	Business Council of Alabama - Speak at Annual Conference	Aug 5 - 8	Haleyville, AL - Orange Beach, AL - Panama City, FL	Y	Y	Y	N
	Oneonta Chamber of Commerce - Speak to Chamber Breakfast	Aug 24	Haleyville, AL - Oneonta, AL - Gadsden, AL	Y	N	Y	N
	Alabama Association of Regional Councils - Speak to Annual Conference	Oct 15 - 17	Wash., D.C. - Orange Beach AL - Wash., D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		

GPO: 2006 25-828 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY -5 AM 11:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

5

MC

W. TODD AKIN
(Full Name)

303 CONWAY HILL RD.
(Mailing Address)

ST. LOUIS, MO 63141

Daytime Telephone: 202-225-2561

Filer Status	[X] Member of the U.S. House of Representatives	State: Missouri District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.** ? HOT-REC.	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	W. Todd Akin	MAY 06

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name W. TODD AKIN

Page 2 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
JT	MERRIL LYNCH RETIREMENT ANNUITY – QUALITY COUNTY				X															ANNUITY	X											
	IRA – AIM WEINGARTEN				X									X							X											
SP	IRA – AIM WEINGARTEN				X									X							X											
	ROTH IRA HENNESSY				X									X								X										P
SP	ROTH IRA HENNESSY				X									X								X										P
JT	DU PONT GIDE NEMOURS				X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. TODD AKIN

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	SBC BECAME ATT			X										X									X									P
JT	BRISTOL-MYERS SQUIBB			X										X									X									
JT	GENERAL ELECTRIC			X										X									X									
JT	GENERAL MOTORS			X										X									X									
JT	GOODYEAR TIRE & RUBBER				X									X							X											
JT	INTERNATIONAL PAPER			X										X									X									
JT	JP MORGAN CHASE			X										X									X									
JT	LSI LOGIC			X										X							X											
JT	MERCK CO			X										X									X									
JT	NOKIA			X										X								X										
JT	VERIZON			X										X									X									
	SBC COMMUNICATIONS			X										X								X										S
JT	FORD MTR BONDS			X										X									X									P
	ROTH IRA SCHWAB D.			X										X								X										S (GAIN)
SP	ROTH IRA SCHWAB D.			X										X								X										S (GAIN)

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SCHEDULE IV — TRANSACTIONS

Name: W. TODD AKIN | Page 4 of 5

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	HENNESSY CORNERSTONE GROWTH	X			APRIL 25, 05	X									
SP	HENNESSY CORNERSTONE GROWTH	X			APRIL 25, 05	X									
JT	FORD MOTOR BONDS	X			MAY 20, 05	X									
JT	SBC PURCHASED BY AT			X	NOV 21, 05	X									
	SCITTER DREMON		X		AUG. 11, 05	X									
SP	SCITTER REMON		X		AUG. 11, 05	X									

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Name W. TODD AKIN | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	HERITAGE FOUNDATION	FEB 3-5	DC-BALTIMORE, BALT-DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees*

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 12 PM 2:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC
5

Rodney McKinnie Alexander
(Full Name)

P.O. Box 368 (319 Nancys Road)
(Mailing Address)

Quitman, LA 71268 (318) 243-7810
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: Louisiana District: 05	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any *reportable asset worth more than $1,000 at the end of the period?* **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rodney Alexander	May 10, 2006

Name Rodney M. Alexander | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Louisiana	Spouse Retirement	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rodney M. Alexander

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (*i.e., one where you have the power to select the specific investments*), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from *U.S. Government retirement programs.*

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should *be listed as income. Check "None" if* no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, *Examples:*	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	Residential Property 732 Pierremont, Shreveport, LA					X															X											S
JT	Anadarko Funds received from the harvesting of gas on personal home property.		Indefinite																Royalties							X						

For additional assets and unearned income, use next page.

Name Rodney M. Alexander | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
SP	Residential Property 732 Pierremont, Shreveport, LA		X		8-9-05			X							

This page may be copied if more space is required.

Name Rodney M. Alexander | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	First National Bank Benton, LA	Mortgage on Residential Property at 732 Pierremont Shreveport, LA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

MAY 15 2006
6
LEGISLATIVE RESOURCE CENTER
2006 MAY 23 PM 4:41
OFFICE OF THE C. ERK
U.S. HOUSE OF REPRESENTATIVES

THOMAS H. ALLEN
(Full Name)

17 FAIRMOUNT ST
PORTLAND ME 04103
(Mailing Address)

Daytime Telephone: 202-225-6116

Filer Status	[X] Member of the U.S. House of Representatives — State: ME District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas H. Allen (original)	May 13, 2006

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock						X								X										X								P
	DC Simon & Schuster				Indefinite																Royalties									X			
	JT 1st Bank of Paducah, KY accounts							X									X										X						
JT	UBS FINL SERVICES ACCT				X												X							X									
JT	AMER FUNDS WORLD GROWTH + INC CL A					X									X			X							X								
JT	AMER FUNDS AMER. BALANCED FUND CL A					X									X			X							X								
JT	AMER FUNDS AMER. MUTUAL FUND CL A					X									X			X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS H. ALLEN

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	UBS INHERITED IRA																															
	– US TREAS (5.625% 2/15/06)			X												X							X									
	– UBS BANK USE DEP ACCT			X												X						X										
	– AMER FUNDS CAPITAL WORLD GROWTH + INC CL A				X									X			X							X								
	– AMER FUNDS AMER BAL. FUND CL A				X									X			X							X								
	– AMER FUNS AMER MUTUAL FUND CL A				X									X			X							X								
	DRUMMOND WOODSUM PSP																															
	– FED INTERM CORP BOND						X									X	X								X							
	– VANGUARD 500 INDEX						X							X													X					
	– GROWTH FUND OF AMER				X									X			X								X							
	ICMA RETIREMENT CORP GROWTH FUND			X										X			X						X									
	245 COMMERCIAL ST PORTLAND ME 5.897% INTEREST IN REAL ESTATE						X													PARTNERSHIP	X											

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SCHEDULE IV — TRANSACTIONS

Name THOMAS H. ALLEN | Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
JT	U.S. TREASURY BILL 5/12/05	X			1/31/05		X								
JT	U.S. TREASURY BILL 5/12/05		X		5/12/05		X								
JT	AMER. FUNDS CAPITAL WORLD GROWTH + INCOME FUND CL A		X		9/20/05	X									

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Name THOMAS H. ALLEN | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	BANGOR SAVINGS BANK	MORTGAGE ON 245 COMMERCIAL ST PORTLAND ME				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name THOMAS H. ALLEN | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	THE COMMONWEALTH FUND	JAN 13-16	PORTLAND ME TO FT LAUDERDALE + RETURN	Y	Y	Y	NONE
	KEYSTONE ENERGY BOARD	FEB 10-12	WASH. DC TO DENVER TO WASH DC	Y	Y	N	NONE
	ASSN OF CLINICAL RES. PROFESS	APR 4	PORTLAND ME TO ORLANDO FL TO WASH DC	N	N	N	NONE
	AMER. SHIPBLDG ASSN	NOV 28-30	PORTLAND ME TO FT. MYERS FL + RETURN	Y	Y	N	NONE

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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2006 MAY 15 AM 10: 07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

4

MC

Robert E. Andrews
(Full Name)

215 Fourth Avenue Haddon Heights, NJ 08035
(Mailing Address)

856-546-5100
Daytime Telephone.

(Official Use Only)

Filer Status	☑ Member of the U.S. House of Representative — State: NJ District 01	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E. Andrews	5/12/06

SCHEDULE I - EARNED INCOME

Name Robert E. Andrews

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Rutgers Law School	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Olive B. Andrews Testamentary Trust (50%) remainder interest in Life Estate. NOTE: This trust was not created by the reported individual and the reporting individual has no specific knowledge of the holdings of the trust	$15,001 - $50,000	EXCEPTED TRUST	NONE	
JT	Citizens Bank Checking Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	PNC National Bank Checking	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Stock - Verizon	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

SP	Stock- PEPCO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Morgan Stanley Money Market Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	The Hershey Company	$1 - $1,000	DIVIDENDS	$1 - $200	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
4
LEGISLATIVE RESOURCE CENTER
2006 MAY 12 PM 1:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

JOE BACA
(Full Name)

1850 N. MAGNOLIA
(Mailing Address)
RIALTO, CA 92376

202-225-6161
Daytime Telephone:
909-885-2222

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 43rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Baca	5-11-06

Name JOE BACA | Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	RIALTO UNIFIED SCHOOL DISTRICT	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOE BALA

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X									X									P
	Simon & Schuster		Indefinite																	Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
	GTE/VERIZON			X										X								X									
	PCRS RETIREMENT System	X																		PENSION	N/A										
	STRS STATE Ret Teachers			X																PENSION	N/A										
	AMERICAN NAT'L Ins. Co.			X																IRA	N/A										

For additional assets and unearned income, use next page.

Name JOE BARA | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CREDIT CARDS CO'S	REVOLVING CHARGE ACCTS.	X									
	COUNTRYWIDE HOME LOANS	MORTGAGE LOANS				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

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2006 JUN 13 PM 3:08
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U.S. HOUSE OF REPRESENTATIVES

JOE BACA
MEMBER OF CONGRESS

June 12, 2006

The Clerk
US House Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 2-515-6612

✓ MC

To Whom It May Concern,

This is to notice you that I disclosed my own personal home mortgage on my disclosure form, it was not necessary. Please replace this new amended schedule V with the old one. I thank you for your immediate attention to this matter. If you have any questions, please contact Linda Macias, my Chief of Staff.

Sincerely,

Joe Baca

JOE BACA, Congressman
43rd CD

Attachments

Name JOE BACA | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: *First Bank of Wilmington, Delaware*	*Mortgage on 123 Main St., Dover, Del.*				X						
	Credit Cards Co's	Revolving Charge Accts.	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

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Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: *Mr. Joseph H. Smith, Anytown, Anystate*	*Silver Platter (determination on personal friendship received from Committee on Standards)*	*$325*

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 4:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Spencer T. Bachus, III
(Full Name)

442 Cannon House Office Building, Washington, DC 20515 202-225-4921
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: Sixth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 15, 2006

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Spencer T. Bachus, III

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership income or Farm income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Cong. Federal Credit Un		X													X						X										
	Fidelity Investments		X													X						X										
	4821 12th Ave North Birmingham, AL	X													X									X								S
	2025 16th Ave North Birmingham, AL	X													X									X								S
	3937 28th Place North Birmingham, AL	X													X									X								S
	2351 Rocky Ridge Road Birmingham, AL						X								X												X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Citibank Nevada	X														X						X									E
SP	Citibank FSB	X														X						X									E
SP	Citibank NA		X													X						X									E
SP	Colonial Pptys Trust				X									X										X							
SP	Sm Barney Biv Strat Fd			X										X								X									P
SP	Pacific Life Annunity							X								X					X										P
SP	CG Cap Govt Money Invest			X										X								X									P
SP	CG Cap Core Fixed Inc				X									X										X							P
SP	CG Cap Lge Cap Value Inv					X								X			X									X					P,S
SP	CG Cap Sm Cap Value Inv				X									X			X								X						P,S
SP	CG Cap Hi Yield Invest				X									X										X							P,S
SP	CG Emerging Mkts Invest				X									X									X								P,S
SP	CG Intl Eqty Invest					X								X										X							P,S
SP	CG Lge Cap Grth Invest						X							X										X							P,S
SP	CG Sm Cap Grth Invest				X									X										X							P
SP	Agrium, Inc. Pfd	X														X							X								S
SP	Cap MultiStrategy Mkts	X												X										X							S
SP	Cap Hi Inc Pinacl B	X												X									X								S
SP	CG Cap DiverStrat Inc Fnd	X												X			X							X							S
SP	Smith Barney IRA						X							X		X	X									X					P,S
SP	Southwood Properties						X								X											X					
SP	AmSouth Bank		X													X						X									

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Name Spencer T. Bachus, III | Page 1 of 2

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
SP	Agrium, Inc. Pfd		X		02/14/05			X							
SP	CG Lge Cap Value Investments		X		02-27-05		X								
SP	CG Sm Cap Value Investments		X		01-21-05	X									
SP	CG Diverstrat, Inc. Fnd		X		06-27-05		X								
SP	CG Sm Cap Grth Investments		X		06-27-05	X									
SP	CG High Income Fund		X		01-31-05	X									
SP	CG Large Cap Value Investments		X		04-01-05	X									
SP	CG Small Cap Value Investments		X		06-27-05	X									
SP	CG Multi Strategy Markets		X		06-27-05		X								
SP	CG International Equity Investments		X		07-01-05	X									
SP	CG Large Cap Growth Investments		X		07-01-05	X									
SP	CG Small Cap Growth Investments		X		06-27-05	X									
SP	CG High Income Fund		X		01-31-05			X							
SP	CG Diver Strat Income Fund		X		01-31-05				X						
SP	CG Core Fixed Income	X			06-27-05		X								
SP	CG Large Cap Value Investments	X			02-01-05		X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
SP	CG Small Cap Value Investments	X			02-01-05		X								
SP	CG High Yield Investments	X			02-01-05		X								
SP	CG International Eqty Investments	X			01-21-05			X							
SP	CG Large Cap Growth Investments	X			06-27-05			X							
SP	CG Small Cap Growth Investments	X			02-01-05		X								
SP	Pacific Life Annunity	X			02-01-05					X					
	4821 12th Avenue North Birmingham, AL		X		08-01-05		X								
	2025 16th Avenue North Birmingham, AL		X		08-01-05		X								
	3937 28th Place North Birmingham, AL		X		08-01-05		X								

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Name	Page 1 of 1
Spencer T. Bachus, III	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Compass Bank Birmingham, AL	Mortgage on 3 Rental Houses Birmingham, AL		X								
	Compass Bank Birmingham, AL	Mortgage 2351 Rocky Ridge Rd Birmingham, AL				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

Name Spencer T. Bachus, III | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Ripon Society	Jan 12-16	Key Biscayne, FL to Birmingham, AL	Y	Y	Y	None
	Hyundai Motor America and Hyundai Motor Mfg. Alabama	May 20	Washington, DC to Montgomery, AL	N	Y	N	None

This page may be copied if more space is required.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2006 25-628 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 AM 11: 29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A Page 1 of 7
For use by Members, officers, and employees

Brian Norton Baird
(Full Name)

1421 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-3536
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: WA District: 03	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/15/06

SCHEDULE I - EARNED INCOME

Name Brian Norton Baird

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Population Reference Bureau	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or *retirement plan that is not self-directed, name the* institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an *asset was sold and is* included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. *Dividends, even* if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Congressional Credit Union Checking Account	$1 - $1,000		NONE	
Congressional Credit Union Money Market Account	None	Dividends	$201 - $1,000	
Congressional Credit Union Savings Account	$1 - $1,000	Dividends	$1 - $200	
TIAA-CREF	$100,001 - $250,000		NONE	
Hartford-HAFCX	$1,001 - $15,000	Dividends	$1-$200	
Davis - NRVCX	$1,001 - $15,000		$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

	AIMFDS - Group FD, CL, L	$1,001 - $15,000	Dividends	$1 - $200	
	Wachovia Securities Money Market CLA	$1,001 - $15,000	Interest	$1 - $200	
	Prentice Hall Royalty	Indefinite	Royalties	$15,001 - $50,000	
JT	508 Seward Sq., SE Washington DC 20003 (Value of Entire Property)	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
SP	UBS Self Directed IRA (See below)	None		NONE	
SP	Allied Capital Corporation (part of self-directed IRA)	$15,001 - $50,000		$1,001 - $2,500	
SP	Autozone (part of self directed IRA)	$1,001 - $15,000	Dividends	$1 - $200	
SP	Donaldson Company Inc (Part of self directed IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	First Industrial Realty Trust (Part of self-directed IRA)	$15,001 - $50,000		$1,001 - $2,500	
SP	Intel (Part of self-directed IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	NVR Inc (Part of self-directed IRA)	$15,001 - $50,000		$1 - $200	
SP	Polaris Industries (Part of self-directed IRA)	$15,001 - $50,000		$1 - $200	
SP	SEI Investments (Part of self-directed IRA)	$1,001 - $15,000		$1 - $200	
SP	Staples, Inc. (Part of self-directed IRA)	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	Starbucks (Part of self-directed IRA)	$15,001 - $50,000		$1 - $200	
SP	Universal Forest Products (Part of self-directed IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	Winnebago Industries (Part of self-directed IRA)	$1,001 - $15,000		NONE	
SP	UBS Bank USA Money Fund (Part of self-directed IRA)	$15,001 - $50,000	Interest	NONE	
SP	UBS Investment (see below)	See Below		See Below	
SP	Autozone (Part of UBS Investment Account)	$1,001 - $15,000		NONE	
SP	Donaldson Co Inc (Part of UBS Investment Account)	$1,001 - $15,000	Dividends	$1 - $200	
SP	Microsoft (Part of UBS Investment Account)	$15,001 - $50,000	Dividends	$1 - $200	
SP	NVR Inc. (Part of UBS Investment Account)	$1,001 - $15,000		NONE	
SP	Polaris (Part of UBS Investment Account)	$1,001 - $15,000		NONE	
SP	Salmon Beach 82 (House) Tacoma, WA	$250,001 - $500,000	Rent	$250,001-$500,000	
SP	TIAA-CREF	$100,001 - $250,000		$1-$200	
SP	Bank of America Checking Account	$1,001 - $15,000		NONE	
SP	SEI Investments (Part of UBS Investment Account)	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	Staples (Part of UBS Investment Account)	$15,001 - $50,000		NONE	
SP	Universal Forest Products (Part of UBS Investment Account)	$1,001 - $15,000	Dividends	$1 - $200	
SP	CharterMac MLP (Part of UBS Investment Account)	$15,001 - $50,000		NONE	
SP	Municipal LLC Growth (Part of UBS Investment Account)	$15,001 - $50,000		NONE	
SP	UBS Global Account (Part of UBS Investment Account)	$1,001 - $15,000	Dividends	$1 - $200	
SP	UBS Bank USA Money Fund (Part of UBS Investment Account)	None	Interest	$1-$200	

SCHEDULE V - LIABILITIES

Name Brian Norton Baird

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Homecomings Financial (formerly called Capitol Title)	Mortgage on 508 Seward Sq. SE Washington DC	$500,001 - $1,000,000
JT	CFCU Home Equity	Home Equity Loan	$100,001 - $250,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

(5)

HAND DELIVERED

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2006 MAY -4 PM 1:17

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

Richard Hugh Baker
(Full Name)

341 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3901

Filer Status	[X] Member of the U.S. House of Representatives — State: Louisiana District: 06th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	RHBaker	5/4/06

Name Richard Hugh Baker

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard Hugh Baker

Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp. Stock					X								X																		P
DC	Simon & Schuster				Indefinite															Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
SP	K's Louisiana Market																								X							
	Scenic Investments				X																											

Examples.

For additional assets and unearned income, use next page.

Name Richard H. Baker | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank, Baton Rouge, Louisiana	Commercial Loan		X								
	MBNA	Business Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name	Page 5 of 5
Richard H. Baker	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Scenic Investments (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2006 25-626 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Richard Hugh Baker
(Full Name)

341 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3901

Filer Status	[X] Member of the U.S. House of Representatives	State: Louisiana District: 06th	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Terminat on Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Richard H Baker	6·15·06

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Richard Hugh Baker

Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples:* Mega Corp. Stock	E	X			IV		P
Examples: Simon & Schuster	Indefinite			Royalties		X	
Examples: 1st Bank of Paducah, KY accounts		X	X			VI	
Events Coordinator -Baton Rouge, LA							
SP K's Louisiana Market		X	X			VI	
Scenic Investments		X			I		

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC (9)

Tammy Suzanne Green Baldwin
(Full Name)

10 E Doty Street, Suite 405
(Mailing Address)

Madison, WI 53703

Daytime Telephone: 202 225-2906

Filer Status	☒ Member of the U.S. House of Representatives	State: Wisconsin District: 02	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☒	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tammy Baldwin	May 12, 2006

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Name Tammy Baldwin | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	First Weber Group	Speech	August 26, 2005	$500.00

This page may be copied if more space is required.

Name Tammy Baldwin

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify; For Example, Partnership Income or Farm Income)	Block D: I None	II $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP		SP	Mega Corp. Stock				X								X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
	D. Green Irrevocable Trust for Tammy Baldwin							X																	X								
	1) First American Real Estate Securities Fund				X										X			X															
	2) First American Equity Income Fund					X									X			X															
	3) First American Equity Index Fund				X										X																		
	4) First American Mid Cap Growth Opp Fund					X												X															
	5) First American Short Term Bond Fund						X								X																		

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tammy Baldwin

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	6) First American Intermediate Term Bond Fund				X									X			X															
	7) First American Prime Obligations Fund			X												X																
	8) First American High Income Bond Fund	X												X																		S
	WI Retirement System				X																											
	Qualified Blind Trust							X																								
JT	Vanguard Money Market Acct			X																												
JT	WR Hambrecht + Co Prvt Ctl Sec			X																												
JT	Home Savings Checking Acct.			X																												
JT	Rental Property 1009 Strong St Portland, WI								X																							
	Summit Savings			X																												

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Name Tammy Baldwin | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	D. Green Irrev. Trust for Tammy Baldwin														
	First American Prime Oblig Fund	X			5/5/05	X									
	First American Mid Cap Growth Opp Fund	X			12/16/05	X									
	First American High Income Bond Fund		X		5/5/05	X									

This page may be copied if more space is required.

Name Tammy Baldwin | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	GMAC Mortgage Corporation of Appleton, WI	1st Mortgage on 809 Spaight St Madison, WI Rental Property	SP				X					
JT	GMAC Mortgage Corporation of Appleton, WI	2nd Mortgage on 809 Spaight St Madison, WI Rental Property			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

Name Tammy Baldwin | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Commonwealth Fund	Jan. 13-16	Madison, WI – Ft. Lauderdale, FL Madison, WI	Y	Y	Partner: Lauren Y	None
	Detroit Regional Chamber of Comm	April 14-15	Washington, DC – Detroit, MI – Madison, WI	Y	Y	N	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO: 2008 25-628 (mac)

Use additional sheets if more space is required.

TAMMY BALDWIN
2ND DISTRICT, WISCONSIN

Website: tammybaldwin.house.gov

COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS
SUBCOMMITTEE ON COMMERCE,
TRADE AND CONSUMER PROTECTION
SUBCOMMITTEE ON ENVIRONMENT
AND HAZARDOUS MATERIALS

Congress of the United States
House of Representatives
Washington, DC 20515

1022 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TEL.: (202) 225-2906
FAX: (202) 225-6942

10 EAST DOTY STREET, SUITE 405
MADISON, WI 53703
TEL.: (608) 258-9800
FAX: (608) 258-9808

400 EAST GRAND AVENUE, SUITE 402
BELOIT, WI 53511
TEL.: (608) 362-2800
FAX: (608) 362-2838

June 13, 2006

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 JUN 13 AM 11:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

Karen L. Haas
Clerk of the House
B106 Cannon

Dear Ms Haas:

I write to supplement the financial disclosure report that I submitted on May 12, 2006.

On Schedule III, Assets and "Unearned" Income, I neglected to check relevant boxes in "Block C" and "Block D." Here is the additional information to correct this oversight:

Asset	Type of Income	Amount of Income
Wisconsin Retirement System		N/A
Qualified Blind Trust	Qualified Blind Trust	$1,001 - $2,500
Vanguard Money Market Acct.	Dividends	$201 - $1,000
WR Hambrecht & Co. Planet Out	Dividends	None
Home Savings Checking Acct.	Interest	$1 - $200
Rental Property: 809 Spaight St.	Rent	$5,001 - $15,000
Summit Savings	Interest	$1 - $200

Sincerely,

Tammy Baldwin

Tammy Baldwin
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 12 PM 5:30 (6)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

James Graham Barrett
(Full Name)

1523 Longworth House Off Bldg
(Mailing Address)

202-225-3301
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James Barrett	May 9, 2006

Name James Gustavus Benedict | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
School District of Ocean County	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Gresham Barnett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	OPPENHEIMER EQ. Fund			X										X								X										
	Building, Rutledge Rd Westminster SC					X									X											X						Family Gift
SP	Building, Mill St, Westminster, SC map # 530-11-10-005				X										X											X						
	SC Retirement System				X															Annuity	X											
SP	House, lot 195 Retreat St Westminster SC map # 244-00-01-006						X								X										X							
	Land, Westminster, SC map # 258-00-01-018			X																N/A	X											
DC	House/lot Westminster, SC SC map # 530-10-01-033				X															N/A	X											
SP	House/lot 415 Retreat St Westminster, SC			X											X										X							
JT	Condo, 4614 36 St, Apt, Arlington, VA, Unit 1317							X							X											X						
	Bldg/lot Acres, Westminster, SC map # 262-00-01-057				X															N/A	X											
	Rental House, West Oak Hwy, Westminster SC					X									X											X						Family Gift
	Training Space		X												X								X									Family Gift

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SCHEDULE IV — TRANSACTIONS

Name James Gresham Barrett | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Timber Sale		X		2005	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	THE Heritage Foundation	Feb 3-4	Wash. DC - Baltimore MD - GSP. South Carolina	Y	Y	N	0

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2006 MAY 15 PM 6:18

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

John Jenkins Barrow
(Full Name)

706 East 49th Street Savannah, GA 31405
(Mailing Address)

202-225-2823
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: GA — District: 12 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jon Barrow	5/15/2006

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Jenkins Barrow

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	First American Bank	$1,001 - $15,000	INTEREST	$1 - $200	
	Winburn Lewis Barrow and Stolz PC - 30%	$100,001 - $250,000	DIVIDENDS	NONE	
	279 Meigs Street, Athens GA	$500,001 - $1,000,000	RENT	NONE	
	255 Milledge Heights Athens GA	$500,001 - $1,000,000	Other: Residence	NONE	
	205 C Street SE Washington DC	$500,001 - $1,000,000	Other: Residence	NONE	
	285 South Pope Street Athens GA	None	RENT	$2,501 - $5,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Jenkins Barrow

	158 Acres Oglethorpe County, GA	$1,000,001 - $5,000,000	Other: Investment	NONE	
	ICMA Ret LT Growth	None	DIVIDENDS	NONE	S
	Merrill Lynch Ret Res	None	None	$1 - $200	S
	San Diego Gas and electric	None	DIVIDENDS	NONE	S
	DNP Select fund	None	DIVIDENDS	NONE	S
	TSP International Stock Index	$50,001 - $100,000	DIVIDENDS	NONE	P

SCHEDULE IV - TRANSACTIONS

Name John Jenkins Barrow

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	285 South Pope Street Athens GA	S	6/29/05	$100,001 - $250,000
	ICMA Ret LT Growth	S	4/1/05	$15,001 - $50,000
	San Diego Gas and electric	S	4/1/05	$1,001 - $15,000
	DNP Select fund	S	4/1/05	$1,001 - $15,000
	TSP International Stock Index	P	Various	$50,001 - $100,000
	Merrill Lynch Retirement reserves	S	4/1/05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Jenkins Barrow

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Chicago Mercantile Exchange	4/10-12/2005	Athens, GA - Chicago - Washington DC	Y	Y	N	NA
New York Stock Exchange	3/7-8/2005	DC - New York, NY - DC	Y	Y	N	NA
American Israel Education Foundation	8/8-15/2005	Atlanta, GA - Jerusalem - Atlanta, GA	Y	Y	N	NA

(5)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Roscoe Gardner Bartlett
(Full Name)

4317 Buckeystown Pike Frederick, MD 21704
(Mailing Address)

301-662-6284
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives State: MD District: 06 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/11/06

SCHEDULE I - EARNED INCOME

Name Roscoe Gardner Bartlett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
MD State Retirement System	Pension	$15,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	House 4317 Buckeystown Pike Frederick, MD 21704	$1,000,001 - $5,000,000	RENT	$50,001 - $100,000	
JT	Frederick County Bank	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
JT	Precious Metals	$100,001 - $250,000	None	NONE	
JT	153 acres & 2 houses 2 Spruce Knob Lake Forest Service Rd Pocahontas County, WV	$100,001 - $250,000	None	NONE	
JT	Putnam Bonds	$100,001 - $250,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

JT	House 1A 4219 Lime Kiln Rd Frederick, MD	$100,001 - $250,000	None	NONE	P
JT	House 230 Knoxville Rd Knoxville, MD	$50,001 - $100,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Roscoe Gardner Bartlett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	House 1A 4219 Lime Kiln Rd Frederick, MD	P	2-1-05	$100,001 - $250,000
JT	Putnam Bonds	P	3-1-05	$100,001 - $250,000

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

Joe Linus Barton
(Full Name)

2109 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-2002
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: TX District: 06	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Barton	5-15-06

SCHEDULE I - EARNED INCOME

Name Joe Linus Barton

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
The Congressman Joe Barton Committee	Spouse Salary	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Joe Linus Barton

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Consumer Electronics Association HDTV Summit	Speech	March 15, 2005	$1,000
National Community Pharmacists Association	Speech	May 3, 2005	$1,000
Cambridge Energy Research Associates	Speech	June 30, 2005	$2,000
Flowserve Corporation	Speech	October 17, 2005	$1,000
Carter Education Partners	Speech	Nov 19, 2005	$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joe Linus Barton

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Cripple Creek #99	$15,001 - $50,000	Rent	$2,501 - $5,000	
Ennis Business Forms	$15,001 - $50,000	Dividends	$1,001 - $2,500	
Reliant Energy	$1,001 - $15,000	Dividends	$1 - $200	
SBC Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	
TXU Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	
Wal Mart	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name Joe Linus Barton

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	First American Bank, Bryan, Texas	Mortgage on Cripple Creek Condo, 904 University Oaks, #99 College Station, Texas	$15,001 - $50,000
	GNB Bank, Ennis, Texas	Personal Loan	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joe Linus Barton

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Consumer Electronics Association	Jan 7-9	Wash.,D.C. - Las Vegas to DFW, Texas	Y	Y	N	N/A
Walt Disney Corporation	Feb 5-7	DFW, TX - Orlando, FL - DFW, TX	Y	Y	Y	N/A
National Association of Broadcasters	Apr 15 - 18	DFW, TX - Las Vegas - DFW, Texas	Y	Y	Y	N/A
Dominion Resources Services, Inc.	Nov 28 - 29	DFW, TX - New York, NY - DFW, TX	Y	Y	N	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Charles F. Bass
(Full Name)

PO Box 210 Peterborough, NH 03458
(Mailing Address)

202-225-5206
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: NH — District: 02 — Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

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If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Charles F. Bass	05-12-06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	1629 21st Street, NW, Washington DC	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
DC	AG Edwards Professional Fund Advisor	$15,001 - $50,000		NONE	
	1765 R Street, NW, Washington DC	$500,001 - $1,000,000	RENT	$15,001 - $50,000	S
	AG Edwards Cash Account	$250,001 - $500,000	INTEREST	$2,501 - $5,000	
DC	AG Edwards Professional Fund Advisor	$15,001 - $50,000		NONE	
SP	AG Edwards Professional Fund Advisor (this is a non self-directed fund consisting of mutual funds)	$250,001 - $500,000	DIVIDENDS/INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

	Columbia Architectural Products stock	$100,001 - $250,000		NONE	
	High Standard, Inc. Term Loan	$1,001 - $15,000		NONE	
	IRA AG Edwards, PO Box 353, Greenfield MA	$100,001 - $250,000		NONE	
SP	IRA AG Edwards, PO Box 353, Greenfield MA	$50,001 - $100,000		NONE	
SP	ITT Hartford Annuity	$50,001 - $100,000		NONE	
	Lancaster Bank stock	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
JT	Milford Recap Partnership	$1,001 - $15,000		NONE	S
	Ocean National Bank Checking Account	$250,001 - $500,000	INTEREST	$2,501 - $5,000	
	Ocean National Bank Checking Account	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
SP	Ocean National Bank Checking Account	$1,001 - $15,000		NONE	
	Ocean National Bank Money Market Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Ocean National Bank stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Ocean National Bank stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Real Estate, Edgartown, MA	$100,001 - $250,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

Wright Patman Federal Credit Union	$1,001 - $15,000	NONE

SCHEDULE IV - TRANSACTIONS

Name Charles F. Bass

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	1765 R Street, NW, Washington DC	S	09-05	$500,001 - $1,000,000
JT	Milford Recap Partnership	S	06-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Charles F. Bass

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citicorp Mortgage Company	Mortgage, 1629 21st Street, NW, Washington DC	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Charles F. Bass

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Consumer Electronics Association	Jan 5 - 7	Manchester, NH - Las Vegas, NV - Phoenix, AZ	Y	Y	Y	N/A
Alliance of Automobile Manufacturers	Jan 8 - 10	Phoenix, AZ - Detroit, MI - Manchester, NH	Y	Y	Y	N/A

LEGISLATIVE RESOURCE CENTER 10

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MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Melissa L. Bean
(Full Name)

203 Frances Ln Barrington, IL 60010
(Mailing Address)

202-225-3711
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: IL — District: 08	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Melissa L. Bean	5-11-06

SCHEDULE I - EARNED INCOME

Name Melissa L. Bean

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
SEARCH RESOURCES INC	SPOUSE SALARY	$75,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Melissa L. Bean

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	ABN AMRO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	BANK OF AMERICA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	CISCO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	FLAGSTAR BANCORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	GENERAL ELECTRIC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	JP MORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Melissa L. Bean

	KOHLS CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MICROSOFT CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	NEW YORK BANCORP INC.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	NOKIA CORP SPONSORED ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	VERIZON COMMUNICATIONS	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	WALGREEN COMPANY	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	ALLIANCE BERNSTEIN	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	INCOME FUN AMERICA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	NOYES MONEY MARKET	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	EVERGREEN MONEY MARKET	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	KOHLS	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	MERCK & CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	MICROSOFT CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	MORGAN STANLEY	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Melissa L. Bean

SP	NEW YORK COMM BANCORP	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	NOKIA CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	VERIZON COMMUNICATIONS	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	WALGREEN COMPANY	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	NOYES MONEY MARKET	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	NEUBERGER BERMAN REAL ESTATE	None	DIVIDENDS	$201 - $1,000	S
	KULICKE & SOFFA IND. INC	None	DIVIDENDS	$1 - $200	S
	MERCK & CO	None	DIVIDENDS	$1 - $200	S
	NEUBERGER BREMAN REAL ESTATE	None	DIVIDENDS	$1 - $200	S

SCHEDULE IV - TRANSACTIONS

Name Melissa L. Bean

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	CISCO	P	8/19/05	$1,001 - $15,000
	VERIZON COMMUNICATIONS	P	8/10/05	$1,001 - $15,000
SP	MORGAN STANLEY	P	05/11/05	$1,001 - $15,000
	NOKIA CORP SPONSORED ADR	S	8/19/05	$1,001 - $15,000
	FLAGSTAR BANCORP	P	8/19/05	$1,001 - $15,000
	MICROSOFT CORP	S	5/27/05	$1,001 - $15,000
SP	VERIZON COMMUNICATIONS	P	8/10/05	$1,001 - $15,000
SP	FIDELITY NATIONAL	S	3/18/05	$1,001 - $15,000
	CAPSTEAD MTG CORP	P	5/27/05	$1,001 - $15,000
	CAPSTEAD MTG CORP	S	8/10/05	$1,001 - $15,000
	INFOSPACE	P	5/27/05	$1,001 - $15,000
	INFOSPACE	S	7/27/05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Melissa L. Bean

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	KULICKE & SOFFA IND. INC	S	5/27/05	$1,001 - $15,000
SP	NEUBERGER BERMAN REAL ESTATE	S	5/11/05	$1,001 - $15,000
	MERCK & CO	S	5/27/05	$1,001 - $15,000
	NEUBERGER BREMAN REAL ESTATE	S	8/10/05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Melissa L. Bean

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	WELLS FARGO	HOME EQUITY	$100,001 - $250,000
	CITIBANK	CREDIT CARD (bus)	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Melissa L. Bean

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
JFK SCHOOL OF GOVERNMENT/THE COMMONWEALTH FUND	JAN. 12-16	CHICAGO-FT. LAUDERDALE-CHICAGO	Y	Y	Y	1
NEW YORK STOCK EXCHANGE	MAR. 7-8	CHICAGO-NEW YORK-WASHINGTON, D.C.	Y	Y	N	N/A
CHICAGO BOARD OPTIONS EXCHANGE, CHICAGO BOARD OF TRADE, CHICAGO STOCK EXCHANGE, CHICAGO MERC EXCHANGE	APR. 18-19	CHICAGO-DC	N	Y	N	N/A
DEMOCRATIC LEADERSHIP COUNCIL	APR. 20-30	WASH. D.C-NEW ORLEANS, LA.-WASH. D.C.	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Melissa L. Bean

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	SALES RESOURCES INC.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

A $200 penalty shall be assessed against anyone who files more than 30 days late.

ROBERT L BEAUPREZ
(Full Name)

6329 DEFRAME WY ARVADA, CO 80004
(Mailing Address)

303-386-3900
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: CO District: 7	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/09/06

SCHEDULE I - EARNED INCOME

Name ROBERT L BEAUPREZ

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Braddock Development	Commissions per prior agreement (1992)	$18,169
Beauprez Piszek, LLLP	Commissions per prior agreement (1992)	$5,234
Heritage Bank	Retirement payment	$1,097
Heritage Bank	Spouse Salary	N/A
Heritage Bank	Spouse Director Fees	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT L BEAUPREZ

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Heritage Bank, CO, accounts	$15,001 - $50,000	INTEREST	$1 - $200	
	Beauprez Ltd. Partnership (26.4% ownership)Real estate development Lafayette, CO.	$1,001 - $15,000	CAPITAL GAINS	$15,001 - $50,000	
	Indian Peaks, Inc. (50% ownership) Real estate development, Lafayette, CO	$1 - $1,000	INTEREST	$1 - $200	
JT	American Century Funds Money Market Acct.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Front Range Capital Corp. Stock (bank stock, Louisville, CO)	$3,105,596(book value)	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT L BEAUPREZ

JT	Rental 595 Beauprez Ave., Lafayette, CO.	$303,100 (assessed value)	RENT	$15,001 - $50,000	
JT	Rental 104 Starline Ave., Lafayette, CO.	$211,000 (assessed value)	RENT	$15,001 - $50,000	
JT	Rental 382 Black Hawk Ln., Lafayette, CO	$1,302,500 (Assessed valu	RENT	$15,001 - $50,000	
	IRA Front Range Capital Corporation stock (Bank stock, Louisville, CO) Self-directed	$1,547,780 (book value)	None	NONE	
	IRA Wachovia Money market Funds	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	401K Guaranteed Interest Fund	None	INTEREST	$201 - $1,000	E
	401K Pentegra Stable Value Fund	$50,001 - $100,000	INTEREST	$201 - $1,000	P
SP	IRA Wachovia Money Market Funds	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	401K Guaranteed Interest Fund	None	INTEREST	$1 - $200	E
SP	401K Pentegra Stable Value Fund	$1,001 - $15,000	INTEREST	$1 - $200	P
SP	401K Pentegra Cash Account	$1,001 - $15,000	INTEREST	$1 - $200	P
SP	IRA Front Range Capital Corp. Stock (bank stock, Louisville, CO) Self-directed	$39,984 (book value)	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name ROBERT L BEAUPREZ

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	401K Guaranteed Interest Fund	E	10-31-05	$50,001 - $100,000
	401K Pentegra Stable Value Fund	P	11-07-05	$50,001 - $100,000
SP	401K Guaranteed Interest Fund	E	10-31-05	$15,001 - $50,000
SP	401K Pentegra Cash Account	P	11-07-05	$1,001 - $15,000
SP	401K Pentegra Stable Value Fund	P	11-07-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name ROBERT L BEAUPREZ

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Citimortgage	Mortgage on rental 382 Black Hawk Ln., Lafayette, CO	$250,001 - $500,000
JT	Wachovia Bank, Delaware, N.A.	Home Equity Line-of-credit on rental 382 Black Hawk Ln., Lafayette, CO	$50,001 - $100,000
JT	1st Trust & Savings Bank, Arelia, Iowa	3rd Deed-of-Trust on rental 382 Black Hawk Ln., Lafayett, CO	$100,001 - $250,000
JT	Citimortgage	Mortgage on rental 595 Beauprez Ave., Lafayette, CO	$250,001 - $500,000
JT	Citimortgage	Mortgage on rental 104 Starline Ave., Lafayette, CO	$100,001 - $250,000
JT	Bankers Bank of the West	Personal Loans	$100,001 - $250,000
JT	Heritage Bank	Home Equity Line-of-credit rental 104 Starline Ave., Lafayette, CO	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name ROBERT L BEAUPREZ

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Indian Peaks, Inc.
Partner	Beauprez Ltd.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

Shelley Berkley
(Full Name)

9709 Camden Hills Ave
(Mailing Address)

Las Vegas, NV 89145

Daytime Telephone: 202 225-5365

Filer Status: [X] Member of the U.S. House of Representatives — State: NV District: 01 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Shelley Berkley	5-11-06

Name	Page 2 of 8
Shelley Berkley	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$8,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Nephrology and Endocrine Associates	**Spouse Salary**	**NA**
Amgen	**Spouse Consulting**	**NA**
Princeton Institute for CME	**Spouse Consulting**	**NA**

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Shelley Berkley

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BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B: None	A $1,001 – $15,000	C $15,001 – $50,000	E $50,001 – $100,000	G $100,001 – $250,000	I $250,001 – $500,000	K $500,001 – $1,000,000	M $1,000,001 – $5,000,000	O $5,000,001 – $25,000,000	P $25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	INTEREST	RENT	ROYALTIES	EXCEPTED TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I $201 – $1,000	III $1,001 – $2,500	V $2,501 – $5,000	VII $5,001 – $15,000	IX $15,001 – $50,000	XI $50,001 – $100,000	Over $100,000	Block E: P, S, E
SP	Mega Corp. Stock				X								X														P
	Simon & Schuster		Indefinite															Royalties						X			
	1st Bank of Paducah, KY accounts													X													
SP	BankWest Las Vegas NV				X									X													
SP	BusinessBank Las Vegas	X												X													
SP	Pentagon Fed Credit Union													X													
	Pentagon Fed Credit Union													X													
	Congressional Fed Credit Union		X											X													
	Novada State Bank		X																X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 4 of 82

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Morgan Stanely Dean Witt																	
	IRA account- for year end																	
	value, income and detail																	
	transactions see attachm																	
SP	Professional Facilities,	N														X		S
	medical office building	X																
	McDaniel St, North Las Ve		s															
	4133 N. Torrey Pines LV N										artnership							
SP	Quail Park V																	
	office complex																	
	Rancho and Alta																	
	Las Vegas NV																	
	500 S. Rancho LV NV									P	tnership							
SP	The Gin Mill																	
	Tavern																	
	2561 Windmill																	
	Henderson NV 89014																	
SP	Metalast International									P	tnership	X						
	anodizing aluminum																	
	2241 Park Place Mindon	N																

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; C $1,001 – $15,000; E $50,001 – $100,000; G $250,001 – $500,000; I $1,000,001 – $5,000,000; K $25,000,001 – $50,000,000	DIVIDENDS; INTEREST; EXCEPTED TRUST; Other Type of Income (Specify)	I None; III $201 – $1,000; V $2,501 – $5,000; VII $15,001 – $50,000; IX $100,001 – $1,000,000; XI Over $5,000,000	P, S, E
SP	RRT, LLC	X	rtnership	X	
	provides dialysis services				
	Summerlin area of				
	Las Vegas, NV				
SP	Nephrology and Endocrine		salary		
	Associates- medical				
	practice Las Vegas, NV				
SP	Salomon Smith Barney				
	for year end value, income				
	and detailed transactions				
	see attachment				
	(2 accounts at start of year combined into one [illegible] by [illegible])				
SP	Charles Schwab Trust One				
	Account for year end value				
	income and detailed				
	transactions see attachment				
SP	Charles Schwab IRA				
	for year end value, income				
	and detailed transactions see attachment				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Nephrology & Endocrine																	
	Associates 401(K) Plan																	
	held by Fidelity Investman																	
	for year end values, Incom																	
	and detailed transactions																	
	see attachment																	
	Morgan Stanley Dean Witt																	
	IRA Account- for year end																	
	value, income and detailed																	
	transactions see attachment																	
	Morgan Stanley Dean Witt																	
	Roth IRA- for year end																	
	value, income and detailed																	
	transactions see attachment																	
SP	ITT Industries		X					X										P< 1000
SP	EnviroSystems											X						
SP	Las Vegas Business Bank											X						P< 1000
SP	IBM		X					X										P< 1000
SP	Pfizer							X					X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	3466 Legendary LV NV			X														
SP	Morgan Stanley Dean Witt																	
	Active Assets Account																	
	for year end value, income																	
	and detailed transactions																	
	see attachment																	
JT	208 D St SE Washington DC					X												
JT	150 D St SE Washington DC														X			
SP	SHDC, LLC			X							Partnership				X			
	Dialysis services																	
	9220 W Sunset Rd																	
	Las Vegas, NV																	
SP	Emigrant Bank								X									
SP	NetBank		X						X				X					
SP	Union Bank		X						X									
SP	Nephrology & Endocrine																	Co-mingled
	Associates Defined Benefit																	account
	Pension Plan all assets held																	I do not
	in fund symbol VASIX																	have info
																	on	individual
																		trades

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 8 of 23

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Brinks	X										X						S < 1000
	Prudential Financial	X										X						S
	Liquid Assets		X						X									
JT	314th & Osborn Rd																	
	Buckeye AZ			X								X						P
SP	VAC, LLC- land and			X								X						P
	building (under construction)																	
	3150 Charleston LV, NV																	

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SCHEDULE IV — TRANSACTIONS

Name Shelley Berkley

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: SALE	Date (MO/DAY/YR)	Amount of Transaction: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000	I $5,000,001–$25,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		10-12-00	X				
SP	**See Attachments**							
SP	Professional Facilities Inc	X	05-19-05		X			
	See Attachments							
	Prudential Financial	X	01-18-05					
JT	208 D St SE Washington DC		05-24-05					
JT	314th and Osborn Buckeye AZ		09-18-05	X				
SP	VAC, LLC		02-14-05					

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Name **Shelley Berkley** | Page 10 of 83

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000	I $5,000,001–$25,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		X			
JT	Central National Bank	Mortgage on 3466 Legend	X				
		LV NV					
JT	Pentagon Federal Credit Union	Mortgage on 150 D St SE			X		
JT	USAA MasterCard	Credit Card					
JT	Pentagon Federal Credit Union	Mortgage on 208 D St SE DC			X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name **Shelley Berkley** Page 11 of 83

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	American Israel Education Found.	Aug 8-~~15~~	Las Vegas-Tel Aviv-Las Vegas	Y	Y	Y	N

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Morgan Stanley

Bailey 12/08

ACTIVE ASSETS ACCOUNT ®

FOR MONTH ENDING DECEMBER 31, 2005

Account Number

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING
TRUST DTD 2/22/96
9709 CAMDEN HILLS AVENUE
LAS VEGAS NV 89145-8610

Access Your Account at:
www.morganstanley.com/online

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	$1,041.18	5.1%
Stocks	19,086.81	94.9
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	0.00	0.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$20,127.99	100.0%
Cash	17.49	
Total Asset Value	$20,145.48	

Income Summary

	This Month	Year-To-Date
MMF and Bank Deposits*	$3.17	$25.45
Stocks	37.49	202.97
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$40.66	$228.42
Taxable Income	$40.66	$228.42
Tax Exempt Income	$0.00	$0.00

*Eligible for FDIC insurance; FDIC rules apply. Not SIPC insured.

Activity Summary

Total Asset Value November 30 2005		$20,235.40
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	$1,038.01	
Credits To Your Account		
Dividend and Interest	40.66	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	0.00	
Total Credits	40.66	
Debits To Your Account		
Checking	0.00	
Debit Card	0.00	
Withdrawals	0.00	
Funds to Purchase Securities	0.00	
Other Debits	0.00	
Total Debits	0.00	
Closing Balance 12/31	1,078.67	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		40.66
Changes in Asset Value for December		
Value of Priced Assets 11/30	$19,197.39	
Securities Bought	0.00	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change In Value of Priced Assets	-110.58	
Value of Priced Assets 12/31	19,086.81	
Net Change in Asset Value		-110.58
Total Asset Value December 31 2005		[illegible]

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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ACTIVE ASSETS ACCOUNT ®
FOR MONTH ENDING DECEMBER 31, 2005

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY Earned	Annualized 30 Day Yields
CASH	37.49	---	---	---	---
ACTIVE ASSETS MONEY TRUST	1,041.18	5.1%	39	---	3.75%
Total Money Market Funds	1,041.18	5.1%	39	---	---
Total Cash/MMF/Bank Deposits	$1,078.67	5.1%	$39	---	---
Net Change Since Last Statement	$40.66				

For updated rate information for the Bank Deposit Program (BDP) or Active Assets Money Market Funds, go to http://www.morganstanleyindividual.com/accountoptions/activeassets/investmentfeatures.

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
88	ISHARES S&P MIDCAP 400 INDEX	73.80	6,494.40	32.3%	64	.99%	IJH	Next Dividend Payable 03/06
108	ISHARES SP SMALLCAP 600 INDEX	57.80	6,242.40	31.1%	44	.71%	IJR	Next Dividend Payable 03/06
51	STANDARD & POORS DEP RECPTS	124.51	6,350.01	31.5%	137	2.15%	SPY	Next Dividend Payable 01/31/06
Total Stocks			$19,086.81	94.9%	$246	1.29%		
Net Change Since Last Statement			-110.58					

Asset Summary	Value	Est Yrly Income
Total Asset Value	$20,165.48	$285
Total Net Change In Priced Assets Since Last Statement	-110.58	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

Dailey 14983

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE
LAS VEGAS NV 89145-8610

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	$36,073.61	14.78
Stocks	43,957.87	18.1
Municipal Bonds	0.00	0.0
Corporate Fixed Income	70,299.44	28.9
Government Securities	0.00	0.0
Mutual Funds	31,102.14	12.8
Unit Investment Trusts	19,067.68	7.8
Certificates of Deposit	43,378.00	17.7
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$243,878.74	100.0%
Cash	0.00	
Total Asset Value	$243,878.74	

Income Summary

	This Month	*Year-To-Date*
MMF and Bank Deposits*	$107.09	$795.16
Stocks	23.10	909.04
Municipal Bonds	0.00	0.00
Corporate Fixed Income	1,093.10	3,796.48
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	569.37
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$1,223.29	$6,070.05

Activity Summary

Total Asset Value November 30 2005		$241,736.23
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	$34,850.32	
Credits To Your Account		
Dividends and Interest	1,223.29	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	4,428.88	
Total Credits	5,652.17	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-4,428.88	
Other Debits	0.00	
Total Debits	-4,428.88	
Closing Balance 12/31	36,073.61	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		1,223.29
Changes in Asset Value for December		
Value of Priced Assets 11/30	$206,805.91	
Securities Bought	4,428.88	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-3,509.66	
Value of Priced Assets 12/31	207,805.13	
Net Change in Asset Value		919.22
Total Asset Value at December 31 2005		$243,878.74

**Eligible for FDIC insurance; FDIC rules apply. Not SIPC insured.*

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY Earned	Annualized 30 Day Yields
CASH	.00	---	---	---	---
LIQUID ASSET FUND	36,073.61	14.7%	1,316	---	3.65%
Total Money Market Funds	36,073.61	14.7%	1,316	---	---
Total Cash/MMF/Bank Deposits	$36,073.61	14.7%	$1,316	---	---
Net Change Since Last Statement	$1,223.29				

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
154	AMERICAN INTERNATIONAL GP	69.23	10,507.42	4.3%	92	.87%	AIG	Next Dividend Payable 03/06
2,560	MORGAN STANLEY/BRIDGES 10 COMPANIES DUE 01/30/09	9.20	23,552.00	9.7%	0	0.00%	TPA	
250	NORTHPOINT COMM GRP INC	.00	.15	N/A	0	0.00%	NPNTQ	
155	STARWOOD HTLS & RSTS WW INC	63.86	9,898.30	4.1%	130	1.31%	HOT	Next Dividend Payable 01/20/06
Total Stocks			$43,957.87	18.1%	$222	.50%		
Net Change Since Last Statement			$1,071.49					

Corporate Fixed Income**		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information
Corporate Bonds								
16,000	MORGAN STANLEY SPN (LINKED) INTEL CORPORATION ZERO COUPON DUE 12/30/10	99.438	15,910.08	6.5%	0	0.00%	0	MOODY AA3 ISSUE 05/28/03
14,000	CATERPILLAR FIN SER VCORP 4.450% JUN/DEC 15 DUE 06/15/12 CALLABLE $100.00 ON 06/15/07	96.134	13,458.76	5.5%	623	4.62%	27	YIELD TO MATURITY 5.161% MOODY A2 S&P A ISSUE 06/16/05

***The "Current Price" and "Value" figures shown for Fixed Income securities are representative values, which may not reflect the value that could actually be obtained in the market. See "Pricing of Securities" at the end of this statement.*

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE

Corporate Fixed Income**		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information	
Corporate Bonds									
20,000	CITIGROUP GLOBAL MARKETS 5.000% MONTHLY 15 DUE 08/15/14 CALLABLE $100.00 ON 08/15/06	95.953	19,190.60	7.9%	1,000	5.21%	44	YIELD TO MATURITY 5.5970% ISSUE 08/13/04	
	Total Corporate Bonds		48,559.44	19.9%	1,623	3.34%	72		
Fixed-Rate Capital Securities									
800	SATURNS HERTZ CORP 7.000% JUN/DEC 01 DUE 06/01/12 CALLABLE $25.00 ON 05/28/08	20.90	16,720.00	6.9%	1,400	8.37%	0	MOODY BAA2	S&P BB-
200	PHOENIX COMPANIES INC 7.450% QTRLY JAN DUE 01/15/32 CALLABLE $25.00 ON 01/15/07	25.10	5,020.00	2.1%	372	7.42%	0	MOODY BAA3	S&P BBB
	Total Fixed-Rate Capital Securities		21,740.00	9.0%	1,772	8.15%	0		
Total Corporate Fixed Income			$70,299.44	28.9%	$3,395	4.83%	$72		
Net Change Since Last Statement			-85.94						

Mutual Funds		Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Mutual Funds									
2,498.164	FINANCIAL SERVICES TRUST B	12.4500	31,102.14	12.8%	N/A	N/A	132721824	FSVBX	Reinv/Reinv
Total Mutual Funds			$31,102.14	12.8%	N/A	N/A			
Net Change Since Last Statement			$159.31						

***The "Current Price" and "Value" figures shown for Fixed Income securities are representative values, which may not reflect the value that could actually be obtained in the market. See "Pricing of Securities" at the end of this statement.*

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE

Unit Investment Trusts		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Par Value	Reinvest Option
Equity Trusts									
2,135	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1	8.9310	19,067.68	7.8%	841	4.41%	N/A	N/A	Full
Total Unit Investment Trusts			$19,067.68	7.8%	$841	4.41%	0	0.00	
Net Change Since Last Statement			$192.36						

Certificates of Deposit**		Market Price	Market Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information	
46,000	LASALLE BANK NA S&P 500 IDX CTF ZERO COUPON DUE 07/13/12	94.300	43,378.00	17.7%	0	0.00%	0	ISSUE 07/13/05 MATURITY VALUE	FDIC INSURED $46,000.00
Total Certificates of Deposit			$43,378.00	17.7%	0	0.00%	0		
Net Change Since Last Statement			-368.00						

Asset Summary	Value	Est Yrly Income
Total Asset Value	$243,878.74	$5,776
Total Net Change In Priced Assets Since Last Statement	$919.22	

***The "Current Price" and "Value" figures shown for Fixed Income securities are representative values, which may not reflect the value that could actually be obtained in the market. See "Pricing of Securities" at the end of this statement.*

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

Tax Year 2005

LAWRENCE M LEHRNER TTEE Account Number.

1099-DIV DIVIDENDS & DISTRIBUTIONS

Total Ordinary Dividends

DESCRIPTION	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME TAX WITHHELD
ACTIVE ASSETS MONEY TRUST	12/31/05	$25.45	$0.00	$0.00
ISHARES S&P MIDCAP 400 INDEX	04/01/05	$20.07	$15.25	$0.00
ISHARES S&P MIDCAP 400 INDEX	06/27/05	$13.66	$10.38	$0.00
ISHARES S&P MIDCAP 400 INDEX	09/30/05	$16.23	$12.33	$0.00
ISHARES S&P MIDCAP 400 INDEX	12/30/05	$23.50	$17.88	$0.00
ISHARES SP SMALLCAP 600 INDEX	04/01/05	$17.71	$11.98	$0.00
ISHARES SP SMALLCAP 600 INDEX	06/27/05	$11.34	$7.68	$0.00
ISHARES SP SMALLCAP 600 INDEX	09/30/05	$11.17	$7.55	$0.00
ISHARES SP SMALLCAP 600 INDEX	12/30/05	$13.89	$9.45	$0.00
STANDARD & POORS DEP RECPTS	04/29/05	$23.82	$23.82	$0.00
STANDARD & POORS DEP RECPTS	07/29/05	$24.87	$24.87	$0.00
STANDARD & POORS DEP RECPTS	10/31/05	$29.61	$29.61	$0.00
STANDARD & POORS DEP RECPTS	01/31/06	$34.29	$34.29	$0.00
Total Ordinary Dividends 1099-DIV box 1a		$262.66		
Total Qualified Dividends 1099-DIV box 1b			$202.00	
Total Federal Income Tax Withheld 1099-DIV box 4				$0.00

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Morgan Stanley

1099 Consolidated Tax Statement
Tax Year 2005 Copy B For Recipient

Morgan Stanley DW Inc.
Harborside Financial Center
Jersey City, NJ 07311
Identification Number:

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING
TRUST DTD 2/22/96
9709 CAMDEN HILLS AVENUE
LAS VEGAS NV 89145-8610

Taxpayer ID Number:
Account Number:

Customer Service:

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS **OMB NO. 1545-0715**

Gross Proceeds less commissions and option premiums on stocks, bonds, etc.

DESCRIPTION	CUSIP	QUANTITY	TRADE DATE	NET PROCEEDS	FEDERAL INCOME TAX WITHHELD
STANDARD & POORS DEP RECPTS	78462F103	100.000	02/15/05	$11,980.60	$0.00
Total Gross Proceeds 1099-B box 2				$11,980.60	
Total Federal Income Tax Withheld 1099-B box 4					$0.00

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

DST W550-1 (11/05)

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Morgan Stanley

Tax Year 2005

LAWRENCE M LEHRNER TTEE

REALIZED GAIN/(LOSS) SUMMARY

This Gain and Loss Summary is provided for informational purposes only. It is important that you consult with a professional tax advisor regarding your individual tax situation, as Morgan Stanley DW, Inc. (Morgan Stanley) cannot provide you with tax advice. Although Morgan Stanley is providing this information as an additional service, we do not guarantee that it is sufficient for tax reporting purposes, and are not liable for your reliance upon or use of this information. The Gain and Loss Summary is not a substitute 1099 form (or any other appropriate tax form), has not been supplied to the IRS and should not be filed with your taxes.

If cost basis information is not available, gain or (loss) will not be reflected on this Summary. For securities not purchased through Morgan Stanley, including securities purchased elsewhere and later transferred to Morgan Stanley, cost basis information may not be provided. To correct any information supplied by Morgan Stanley, please inform your Financial Advisor. To add cost basis information, you may either inform your Financial Advisor or input the data directly yourself through our client-only Web site, ClientServ. Please note that although Morgan Stanley makes every effort to adjust the cost basis for such securities' capital changes, it does not adjust the cost basis for all events.

Long Term

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	TOTAL COST ORIGINAL/ ADJUSTED	PROCEEDS	REALIZED GAIN/(LOSS)	ADDITIONAL INFORMATION
STANDARD & POORS DEP RECPTS	100.000	10/23/2002	02/15/2005	$9,075.61	$11,980.60	$2,906.99	
Total Long Term					$11,980.60	$2,906.99	

Larry Lehrner Member Shelley Berkley NV 01
Morgan Stanley Dean Witter Account

Date	Activity	Description	Quantity	Symbol	Price	Amount
12/30/2005	Dividend	LIQUID ASSET FUND		ILAF		107.09
12/16/2005	Dividend	AMERICAN INTERNATIONAL GP		AIG		23.1
12/15/2005	Interest	CITIGROUP GLOBAL MARKETS RATE:NA/NA 5.000% DUE:2014-06-15				83.33
12/15/2005	Interest	CATERPILLAR FIN SER VCORP RATE:A2/A 4.450% DUE:2012-06-15				309.77
12/1/2005	Interest	SATURNS HERTZ CORP		DKR		700
11/30/2005	Dividend	LIQUID ASSET FUND		ILAF		98.56
11/15/2005	Interest	CITIGROUP GLOBAL MARKETS				83.33
10/31/2005	Dividend	LIQUID ASSET FUND		ILAF		95.71
10/25/2005	Dividend	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1		SDOW051		193.7
10/25/2005	Bought	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1 REINVESTMENT MSDWI IS MARKET MAKER	22	SDOW051	8.45	-185.82
10/17/2005	Interest	CITIGROUP GLOBAL MARKETS				83.33
10/17/2005	Interest	PHOENIX COMPANIES INC		PFX		93.13
9/30/2005	Dividend	LIQUID ASSET FUND		ILAF		87.67
9/16/2005	Dividend	AMERICAN INTERNATIONAL GP		AIG		23.1
9/15/2005	Interest	CITIGROUP GLOBAL MARKETS				83.33
8/31/2005	Dividend	LIQUID ASSET FUND		ILAF		63.32
8/15/2005	Interest	CITIGROUP GLOBAL MARKETS				83.33
8/11/2005	Sold	GENERAL MILLS INC	300	GIS	47.61	14,282.40
8/1/2005	Dividend	GENERAL MILLS INC		GIS		99

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7/29/2005 Dividend	LIQUID ASSET FUND		ILAF		54.37
7/29/2005 Dividend	STANDARD & POORS DEP RECPTS		SPY		60.95
7/28/2005 Sold	GENCO SHIPPING & TRADING LTD	1,000.00	GSTL	18.87	18,869.21
7/25/2005 Dividend	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1		SDOW051		193.08
7/25/2005 Bought	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1 REINVESTMENT	20	SDOW051	9.21	-184.12
7/21/2005 Bought	MSDWI IS MARKET MAKER	1,000.00	GSTL	21	-21,000.00
7/15/2005 Interest	GENCO SHIPPING & TRADING LTD				83.33
7/15/2005 Interest	CITIGROUP GLOBAL MARKETS		PFX		93.13
7/6/2005 Sold	PHOENIX COMPANIES INC	1,300.00	PLAB	24.33	31,627.67
7/6/2005 Bought	PHOTRONICS INC	46,000.00		1	-46,000.00
7/6/2005 Sold	LASALLE BANK NA S&P 500 IDX CTF YIELD	125	SPY	120.19	15,023.12
6/30/2005 Dividend	STANDARD & POORS DEP RECPTS		ILAF		45.21
6/29/2005 Bought	LIQUID ASSET FUND	1,300.00	PLAB	21.25	-27,625.00
6/24/2005 Sold	PHOTRONICS INC	1,600.00	ECN	21.96	35,138.53
6/17/2005 Dividend	MORGAN STANLEY 8% SPARQS INTO CONSOL ENERGY INC		AIG		19.25
6/15/2005 Interest	MSDWI IS MARKET MAKER				83.33
6/8/2005 Bought(Rebo ck)	AMERICAN INTERNATIONAL GP	14,000.00		100	-14,000.00
	CITIGROUP GLOBAL MARKETS				
	CATERPILLAR FIN SER VCORP				

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6/8/2005 Bought	CATERPILLAR FIN SER VCORP	14,000.00		100	-14,000.00
6/1/2005 Interest	MORGAN STANLEY 8% SPARQS INTO CONSOL ENERGY INC		ECN		714.24
6/1/2005 Interest	SATURNS HERTZ CORP		DKR		700
5/31/2005 Dividend	LIQUID ASSET FUND		ILAF		22.51
5/23/2005 Dividend	HRPT PPTYS TRUST		HRP		420
5/16/2005 Interest	CITIGROUP GLOBAL MARKETS				83.33
5/16/2005 Sold	WARNER MUSIC GROUP	1,000.00	WMG	15.26	15,259.36
5/12/2005 Dividend	LIQUID ASSET FUND		ILAF		4.46
5/11/2005 Sold	HRPT PPTYS TRUST	2,000.00	HRP	11.7	23,399.62
5/10/2005 Bought	WARNER MUSIC GROUP	1,000.00	WMG	17	-17,000.00
5/2/2005 Dividend	GENERAL MILLS INC		GIS		93
4/29/2005 Dividend	LIQUID ASSET FUND		ILAF		9.03
4/29/2005 Dividend	STANDARD & POORS DEP RECPTS		SPY		58.39
4/25/2005 Dividend	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1		SDQW051		182.50
4/25/2005 Bought	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1 REINVESTMENT MSDWI IS MARKET MAKER	20	SDQW051	8.99	-179.79
4/15/2005 Interest	CITIGROUP GLOBAL MARKETS				83.33
4/15/2005 Interest	PHOENIX COMPANIES INC		PFX		93.13
3/31/2005 Dividend	LIQUID ASSET FUND		ILAF		37.25
3/18/2005 Dividend	AMERICAN INTERNATIONAL GP		AIG		19.25
3/16/2005 Bought	HRPT PPTYS TRUST	2,000.00	HRP	12.1	-24,200.00
3/15/2005 Interest	CITIGROUP GLOBAL MARKETS				83.33
2/28/2005 Dividend	LIQUID ASSET FUND		ILAF		82.79

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2/18/2005 Bought	MORGAN STANLEY 8% SPARQS INTO CONSOL ENERGY INC	1,600.00	ECN	21.6	-34,560.00
2/15/2005 Interest	CITIGROUP GLOBAL MARKETS				83.33
2/15/2005 Sold	ALPHA NATURAL RESOURCES INC	1,500.00	ANR	22.87	34,303.87
2/14/2005 Bought	ALPHA NATURAL RESOURCES INC	1,500.00	ANR	19	-28,500.00
2/1/2005 Dividend	GENERAL MILLS INC		GIS		93
1/31/2005 Dividend	LIQUID ASSET FUND		ILAF		87.19
1/31/2005 Dividend	STANDARD & POORS DEP RECPTS		SPY		70.99
1/21/2005 Dividend	STARWOOD HTLS & RSTS WW INC		HOT		130.2
1/18/2005 Interest	CITIGROUP GLOBAL MARKETS				83.33
1/18/2005 Interest	PHOENIX COMPANIES INC		PFX		93.12
1/3/2005 Sold	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2004-1 MSDWI IS MARKET MAKER	2,128.00	SDOW041	9.64	20,523.07
1/3/2005 Bought	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2005-1 REINV FULL MSDWI IS MARKET MAKER	2,073.00	SDOW051	9.9	-20,522.70

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RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

Account Number

IRA Rollover
Dated 06/11/97
Householding Anniv. Date:
11/05/2002

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	$2,937.31	5.1%
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	39,807.52	70.3
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	13,980.13	24.6
Asset Value	$56,724.96	100.0%
Cash	0.00	
Total Asset Value	$56,724.96	

Income Summary

	This Month	Year-To-Date
MMF and Bank Deposits*	$8.68	$76.23
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	175.42	338.80
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$184.10	$415.03

*Eligible for FDIC insurance; FDIC rules apply. Not SIPC insured.

Activity Summary

Total Asset Value November 30 2005		$56,332.61
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	$2,928.63	
Credits To Your Account		
Dividends and Interest	184.10	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	2,043.04	
Total Credits	2,227.14	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-2,218.46	
Other Debits	0.00	
Total Debits	-2,218.46	
Closing Balance 12/31	2,937.31	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		8.68
Changes in Asset Value for December		
Value of Priced Assets 11/30	$53,403.98	
Securities Bought	2,218.46	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-1,834.79	
Value of Priced Assets 12/31	53,787.65	
Net Change in Asset Value		383.67
Total Asset Value as of December 31 2005		$56,724.96

Please see page 5 for your Account's Retirement Recap.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY Earned	Annualized 30 Day Yields
CASH	.00	---	---	---	---
LIQUID ASSET FUND	2,937.31	5.1%	107	---	3.65%
Total Money Market Funds	2,937.31	5.1%	107	---	---
Total Cash/MMF/Bank Deposits	$2,937.31	5.1%	$107	---	---
Net Change Since Last Statement	$8.68				

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Mutual Funds								
138.317 EUROPEAN EQUITY FUND A	17.6200	2,437.15	4.3%	N/A	N/A	201578990	EUGAX	Reinv/Reinv
347.415 INTERNATL VALUE EQUITY FD B	12.4000	4,307.95	7.6%	N/A	N/A	183173554	IVQBX	Reinv/Reinv
161.250 PACIFIC GROWTH FUND B	16.6300	2,682.25	4.8%	N/A	N/A	183173546	TGRBX	Reinv/Reinv
205.062 EUROPEAN EQUITY FUND B	17.0500	3,496.31	6.2%	N/A	N/A	183173511	EUGBX	Reinv/Reinv
546.333 DIVIDEND GRWTH SECURITIES B	33.1700	18,121.87	32.0%	N/A	N/A	183173503	DIVBX	Reinv/Reinv
Total Morgan Stanley Mutual Funds		31,045.53	54.9%	N/A	N/A			
Other Mutual Funds								
463.352 PHOENIX NIFTY FIFTY A	18.9100	8,761.99	15.4%	N/A	N/A		PANFX	Reinv/Reinv
Total Mutual Funds		$39,807.52	70.3%	N/A	N/A			
Net Change Since Last Statement		$549.31						

Other	Est. NAV	Valuation Est	Pct of Assets	Fund Number	Date	Additional Information
Managed Futures						
193.798 MS SPECTRUM SELECT (EST.VAL)	27.62	5,352.70	9.4%	0	12/29	
214.961 MS SPECTRUM TECH (EST.VAL)	22.54	4,845.22	8.5%	0	12/29	
322.165 MS SPECTRUM CURRENCY (EST.VAL)	11.74	3,782.21	6.7%	0	12/29	
Total Other		$13,980.13	24.6%			

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

Net Change Since Last Statement -165.61

Asset Summary	Value	Est Yrly Income
Total Asset Value	$56,724.96	$107
Total Net Change In Priced Assets Since Last Statement	$383.67	

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Date	Activity	Description	Amount	Income Category
12-15	Dividend	DIVIDEND GRWTH SECURITIES B	73.39	Mutual funds
12-22	Dividend	EUROPEAN EQUITY FUND A	36.45	Mutual funds
12-22	Dividend	INTERNATL VALUE EQUITY FD B	16.71	Mutual funds
12-22	Dividend	EUROPEAN EQUITY FUND B	48.87	Mutual funds
12-30	Dividend	LIQUID ASSET FUND	8.68	MMF and Bank Deposits
		Total Dividends and Interest	184.10	

See Income Summary on page 1 for the month-to-date and year-to-date amounts per income category.

Other Credits

Date	Activity	Description	Amount	Additional Information	
12-15	L/T Capital Gain	DIVIDEND GRWTH SECURITIES B	1,758.21		
12-22	S/T Capital Gain	INTERNATL VALUE EQUITY FD B	24.45		
12-22	L/T Capital Gain	INTERNATL VALUE EQUITY FD B	260.38		
		Total Other Credits	$2,043.04	Year-To-Date	$2,877.54

Total Credits To Your Account $2,227.14 Year-To-Date $3,292.57

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

DEBITS TO YOUR ACCOUNT

Funds to Purchase Securities

Trade Date	Settle Date	Activity	Quantity	Description	Price	Amount	Additional Information	
12-15	12-15	Direct Purchase	2.172	DIVIDEND GRWTH SECURITIES B	33.7900	73.39	DIVIDEND REINVESTMENT	
12-15	12-15	L/T Capital Gain	52.033	DIVIDEND GRWTH SECURITIES B	33.7900	1,758.21	REINVESTMENT	
12-22	12-22	Direct Purchase	2.064	EUROPEAN EQUITY FUND A	17.6600	36.45	DIVIDEND REINVESTMENT	
12-22	12-22	Direct Purchase	1.344	INTERNATL VALUE EQUITY FD B	12.4300	16.71	DIVIDEND REINVESTMENT	
12-22	12-22	S/T Capital Gain	1.967	INTERNATL VALUE EQUITY FD B	12.4300	24.45	REINVESTMENT	
12-22	12-22	L/T Capital Gain	20.948	INTERNATL VALUE EQUITY FD B	12.4300	260.38	REINVESTMENT	
12-22	12-22	Direct Purchase	2.860	EUROPEAN EQUITY FUND B	17.0900	48.87	DIVIDEND REINVESTMENT	
				Total Funds to Purchase Securities		-2,218.46	Year-To-Date	-3,192.73
				Total Debits To Your Account		-2,218.46	Year-To-Date	-3,192.73

ADDITIONAL ACCOUNT INFORMATION

MMF and Bank Deposits

Closing Balances

Date	Description	Amount	Additional Information
11-30	MONEY MARKET FUNDS	$2,928.63	
11-30	TOTAL Closing Balance	2,928.63	

Transactions

Date	Activity	Description	Amount	Additional Information
12-30	Dividend Reinvestment	LIQUID ASSET FUND	8.68	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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RETIREMENT ACCOUNT
FOR MONTH ENDING JUNE 30, 2005

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

Net Change Since Last Statement $1,035.64

Asset Summary	Value	Est Yrly Income
Total Asset Value	$53,711.97	$75
Total Net Change In Priced Assets Since Last Statement	$684.46	

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Date	Activity	Description	Amount	Income Category
06-23	Dividend	DIVIDEND GRWTH SECURITIES B	53.57	Mutual funds
06-30	Dividend	LIQUID ASSET FUND	6.04	Money Market Funds
		Total Dividends and Interest	59.61	

See Income Summary on page 1 for the month-to-date and year-to-date amounts per income category.

Other Credits

Date	Activity	Description	Amount	Additional Information	
06-23	S/T Capital Gain	DIVIDEND GRWTH SECURITIES B	117.50		
06-23	L/T Capital Gain	DIVIDEND GRWTH SECURITIES B	693.39		
		Total Other Credits	$810.89	Year-To-Date	$810.89
Total Credits To Your Account			$870.50	Year-To-Date	$948.43

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

Berkley 30983

RETIREMENT ACCOUNT
FOR MONTH ENDING JUNE 30, 2005

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

DEBITS TO YOUR ACCOUNT

Funds to Purchase Securities

Trade Date	Settle Date	Activity	Quantity	Description	Price	Amount	Additional Information	
06-23	06-23	Direct Purchase	1.532	DIVIDEND GRWTH SECURITIES B	34.9700	53.57	DIVIDEND REINVESTMENT	
06-23	06-23	S/T Capital Gain	3.360	DIVIDEND GRWTH SECURITIES B	34.9700	117.50	REINVESTMENT	
06-23	06-23	L/T Capital Gain	19.828	DIVIDEND GRWTH SECURITIES B	34.9700	693.39	REINVESTMENT	
				Total Funds to Purchase Securities		-864.46	Year-To-Date	-917.86
	Total Debits To Your Account					-864.46	Year-To-Date	-917.86

ADDITIONAL ACCOUNT INFORMATION

Money Market

Date	Activity	Description	Amount	Additional Information
		Closing Balance 5/31	2,862.00	
06-30	Dividend Reinvestment	LIQUID ASSET FUND	6.04	
		Closing Balance 6/30	2,868.04	

Morgan Stanley Fund Summary

	YTD Dividends	YTD Cap Gains	YTD Taxes	Features
INTERNATL VALUE EQUITY FD B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
PACIFIC GROWTH FUND B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
EUROPEAN EQUITY FUND B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
LIQUID ASSET FUND	30.57	0.00	0.00	Reinvest Dividends
DIVIDEND GRWTH SECURITIES B	106.97	810.89	0.00	Reinvest Dividends and Capital Gains
Totals	$137.54	$810.89	$0.00	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Shelley Berkley Roth IRA 2005

Date	Activity	Description	Quantity	Symbol	Price	Amount
12/30/2005	Bought	PIONEER HIGH YIELD A REINVESTMENT	11.05	TAHYX	10.74	-118.65
12/30/2005	Dividend	LIQUID ASSET FUND		ILAF		0.09
12/29/2005	Dividend	JP MORGAN MID CAP VALUE A DIV PAYMENT AS OF 12/27/05		JAMCX		25.98
12/27/2005	Bought	JP MORGAN MID CAP VALUE A REINVESTMENT	1.12	JAMCX	23.3	-25.98
12/27/2005	Capital Gains	MSIF TR US SMALL CAP VAL INST		MPSCX		30.97
12/27/2005	Capital Gains	MSIF TR US SMALL CAP VAL INST		MPSCX		206.18
12/27/2005	Dividend	MSIF TR US SMALL CAP VAL INST DIV PAYMENT AS OF 12/23/05		MPSCX		36.08
12/27/2005	Capital Gains	MSIF INTERNATL SMALL CAP A		MSISX		21
12/27/2005	Capital Gains	MSIF INTERNATL SMALL CAP A		MSISX		316.65
12/27/2005	Dividend	MSIF INTERNATL SMALL CAP A DIV PAYMENT AS OF 12/23/05		MSISX		49.59
12/27/2005	Dividend	MSIF EMERGING MARKETS A DIV PAYMENT AS OF 12/23/05		MGEMX		43.57
12/23/2005	Bought	MSIF TR US SMALL CAP VAL INST REINVESTMENT	8.72	MPSCX	23.64	-206.18
12/23/2005	Bought	MSIF TR US SMALL CAP VAL INST REINVESTMENT	1.53	MPSCX	23.64	-36.08
12/23/2005	Bought	MSIF TR US SMALL CAP VAL INST REINVESTMENT	1.31	MPSCX	23.64	-30.97
12/23/2005	Bought	MSIF INTERNATL SMALL CAP A REINVESTMENT	2.07	MSISX	24.01	-49.59
12/23/2005	Bought	MSIF INTERNATL SMALL CAP A REINVESTMENT	13.19	MSISX	24.01	-316.65
12/23/2005	Bought	MSIF INTERNATL SMALL CAP A REINVESTMENT	0.88	MSISX	24.01	-21

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12/23/2005 Bought	MSIF EMERGING MARKETS A REINVESTMENT	1.73	MGEMX	25.21	-43.57
12/20/2005 Capital Gains	FORWARD/EMERALD GROWTH A		HSPGX		133.84
12/19/2005 Capital Gains	JP MORGAN MID CAP VALUE A		JAMCX		61.64
12/19/2005 Capital Gains	JP MORGAN MID CAP VALUE A		JAMCX		51.47
12/16/2005 Bought	FORWARD/EMERALD GROWTH A REINVESTMENT	9.73	HSPGX	13.76	-133.84
12/15/2005 Bought	JP MORGAN MID CAP VALUE A REINVESTMENT	2.18	JAMCX	23.66	-51.47
12/15/2005 Bought	JP MORGAN MID CAP VALUE A REINVESTMENT	2.61	JAMCX	23.66	-61.64
12/13/2005 Capital Gains	DELAWARE GROWTH OPPORT A		DFCIX		208.12
12/9/2005 Bought	DELAWARE GROWTH OPPORT A REINVESTMENT	8.91	DFCIX	23.36	-208.12
12/2/2005 Capital Gains	PIONEER HIGH YIELD A		TAHYX		105.12
12/2/2005 Capital Gains	PIONEER HIGH YIELD A		TAHYX		688.69
12/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 11/30/05		TAHYX		72.3
12/2/2005 Dividend	DAVIS NEW YORK VENTURE A DIV PAYMENT AS OF 12/01/05		NYVTX		342.29
12/1/2005 Bought	DAVIS NEW YORK VENTURE A REINVESTMENT	10.1	NYVTX	33.9	-342.29
11/30/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	64.01	TAHYX	10.76	-688.69
11/30/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	9.77	TAHYX	10.76	-105.12
11/30/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.72	TAHYX	10.76	-72.3
11/30/2005 Dividend	LIQUID ASSET FUND		ILAF		0.54
11/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 10/31/05		TAHYX		71.92

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10/31/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.43	TAHYX	11.18	-71.92
10/31/2005 Dividend	LIQUID ASSET FUND		ILAF		0.98
10/4/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 09/30/05		TAHYX		71.69
9/30/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.27	TAHYX	11.43	-71.69
9/30/2005 Dividend	LIQUID ASSET FUND		ILAF		0.93
9/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 08/31/05		TAHYX		71.33
9/1/2005 Capital Gains	JP MORGAN MID CAP VALUE A		JAMCX		10.51
9/1/2005 Capital Gains	JP MORGAN MID CAP VALUE A		JAMCX		9.91
8/31/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.25	TAHYX	11.41	-71.33
8/31/2005 Dividend	LIQUID ASSET FUND		ILAF		1.36
8/30/2005 Bought	JP MORGAN MID CAP VALUE A REINVESTMENT	0.45	JAMCX	23.32	-10.51
8/30/2005 Bought	JP MORGAN MID CAP VALUE A REINVESTMENT	0.43	JAMCX	23.32	-9.91
8/24/2005 Capital Gains	FORWARD/EMERALD GROWTH A		HSPGX		91.29
8/15/2005 Bought	FORWARD/EMERALD GROWTH A REINVESTMENT	6.97	HSPGX	13.09	-91.29
8/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 07/29/05		TAHYX		71.05
7/29/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.23	TAHYX	11.41	-71.05
7/29/2005 Dividend	LIQUID ASSET FUND		ILAF		1.46
7/6/2005 Capital Gains	MSIF INTERNATL SMALL CAP A		MSISX		6.63
7/6/2005 Capital Gains	MSIF INTERNATL SMALL CAP A		MSISX		45.78
7/5/2005 Bought	MSIF INTERNATL SMALL CAP A REINVESTMENT	1.83	MSISX	25.04	-45.78
7/5/2005 Bought	MSIF INTERNATL SMALL CAP A REINVESTMENT	0.27	MSISX	25.04	-6.63

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7/5/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 06/30/05		TAHYX		70.8
6/30/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.31	TAHYX	11.23	-70.8
6/30/2005 Dividend	LIQUID ASSET FUND		ILAF		1.4
6/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 05/31/05		TAHYX		70.45
5/31/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.41	TAHYX	11	-70.45
5/31/2005 Dividend	LIQUID ASSET FUND		ILAF		1.71
5/3/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 04/29/05		TAHYX		70.18
4/29/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.4	TAHYX	10.96	-70.18
4/29/2005 Dividend	LIQUID ASSET FUND		ILAF		1.74
4/4/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 03/31/05		TAHYX		73.51
3/31/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.56	TAHYX	11.21	-73.51
3/31/2005 Dividend	LIQUID ASSET FUND		ILAF		1.63
3/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 02/28/05		TAHYX		73.13
2/28/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.29	TAHYX	11.63	-73.13
2/28/2005 Dividend	LIQUID ASSET FUND		ILAF		1.6
2/2/2005 Dividend	PIONEER HIGH YIELD A DIV PAYMENT AS OF 01/31/05		TAHYX		72.86
1/31/2005 Bought	PIONEER HIGH YIELD A REINVESTMENT	6.37	TAHYX	11.44	-72.86
1/31/2005 Dividend	LIQUID ASSET FUND		ILAF		1.88
1/4/2005 Dividend	PIONEER HIGH YIELD A		TAHYX		78.39

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CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

Account Number

Roth Converted IRA
Dated 12/21/98
Householding Anniv. Date:
11/05/2002

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Asset Summary

	Value	*% of Assets*
MMF and Bank Deposits*	$86.02	0.0%
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	131,763.09	100.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$131,849.11	100.0%
Cash	0.00	
Total Asset Value	$131,849.11	

Income Summary

	This Month	*Year-To-Date*
MMF and Bank Deposits*	$0.09	$15.32
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	569.81	1,286.73
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$569.90	$1,302.05

*Eligible for FDIC insurance; FDIC rules apply. Not SIPC insured.

Activity Summary

Total Asset Value November 30 2005		$130,520.34
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	$85.93	
Credits To Your Account		
Dividends and Interest	569.90	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	1,823.68	
Total Credits	2,393.58	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-2,393.49	
Other Debits	0.00	
Total Debits	-2,393.49	
Closing Balance 12/31	86.02	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		0.09
Changes in Asset Value for December		
Value of Priced Assets 11/30	$130,434.41	
Securities Bought	2,393.49	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-1,064.81	
Value of Priced Assets 12/31	131,763.09	
Net Change in Asset Value		1,328.68
[redacted]		

Please see page 5 for your Account's Retirement Recap.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2005

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE

Account Number

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY Earned	Annualized 30 Day Yields
CASH	.00	---	---	---	---
LIQUID ASSET FUND	86.02		3	---	3.65%
Total Money Market Funds	86.02		3	---	---
Total Cash/MMF/Bank Deposits	$86.02		$3	---	---
Net Change Since Last Statement	$.09				

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Other Mutual Funds								
126.845 MSIF EMERGING MARKETS A	25.3600	3,216.79	2.5%	N/A	N/A		MGEMX	Reinv/Reinv
121.654 MSIF INTERNATL SMALL CAP A	24.1400	2,936.73	2.2%	N/A	N/A		MSISX	Reinv/Reinv
218.419 MSIF TR US SMALL CAP VAL INST	23.2900	5,086.98	3.9%	N/A	N/A		MPSCX	Reinv/Reinv
1,277.834 DAVIS NEW YORK VENTURE A	33.7000	43,063.01	32.7%	N/A	N/A		NYVTX	Reinv/Reinv
325.163 FORWARD/EMERALD GROWTH A	13.5700	4,412.46	3.3%	N/A	N/A		HSPGX	Reinv/Reinv
5,089.635 GOLDMAN SACHS STRATEGIC GRW A	8.9900	45,755.82	34.7%	N/A	N/A		GGRAX	Reinv/Reinv
1,601.783 PIONEER HIGH YIELD A	10.7400	17,203.15	13.0%	N/A	N/A		TAHYX	Reinv/Reinv
223.752 JP MORGAN MID CAP VALUE A	23.2800	5,208.95	4.0%	N/A	N/A		JAMCX	Reinv/Reinv
211.955 DELAWARE GROWTH OPPORT A	23.0200	4,879.20	3.7%	N/A	N/A		DFCIX	Reinv/Reinv
Total Mutual Funds		$131,763.09	100.0%	N/A	N/A			
Net Change Since Last Statement		$1,328.68						

Asset Summary	Value	Est Yrly Income
Total Asset Value	$131,849.11	$3
Total Net Change In Priced Assets Since Last Statement	$1,328.68	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

LEHRNER, LAWRENCE

Fidelity INVESTMENTS

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN

LAWRENCE LEHRNER
9709 CAMDEN HILLS AVE
LAS VEGAS, NV 89145-0000

Retirement Savings Statement

Customer Service:
Fidelity Investments Institutional Services Co.
82 Devonshire Street
Boston, MA 02109

Your Account Summary

Statement Period: 01/01/2005 to 12/31/2005

Beginning Balance	**$308,700.96**
Your Contributions	$14,964.03
Fees	-$36.50
Change in Market Value	$30,392.20
Ending Balance	**$354,020.69**
Additional Information	
Vested Balance	$354,020.69
Dividends & Interest	$14,441.70

Your Personal Rate of Return

This Period

Your Personal Rate of Return is calculated with a time-weighted formula, widely used by financial analysts to calculate investment earnings. It reflects the results of your investment selections as well as any activity in the plan account(s) shown. There are other Personal Rate of Return formulas used that may yield different results. Remember that past performance is no guarantee of future results.

Your Asset Allocation

Statement Period: 01/01/2005 to 12/31/2005

Why is This Important?

- e-Learning: Learn about asset allocation.

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LEHRNER, LAWRENCE

- 50.31% Stock Investments: $178,108.25
- 49.69% Bond Investments: $175,912.44

Your account is allocated among the asset classes specified above as of 12/31/2005. Percentages and totals may not be exact due to rounding

Market Value of Your Account

Statement Period: 01/01/2005 to 12/31/2005

Displayed in this section is the value of your account for the statement period, in both shares and dollars.

Investment	Shares as of 12/31/2004	Shares as of 12/31/2005	Price as of 12/31/2004	Price as of 12/31/2005	Market Value as of 12/31/2004	Market Value as of 12/31/2005
Stock Investments					**$156,560.16**	**$178,108.25**
Large Cap						
FID Contrafund	844.215	900.350	$56.74	$64.76	$47,900.76	$58,307.25
International						
FID Diversified Int	2,128.894	1,916.351	$28.84	$32.54	$60,971.52	$62,338.07
Specialty						
FID Real Estate Inv	1,014.349	1,043.443	$29.54	$31.18	$47,687.88	$57,442.93
Bond Investments					**$152,140.80**	**$175,912.44**
Stable Value						
FID MGD Inc Port	109,249.160	119,542.440	$1.00	$1.00	$109,249.16	$119,542.44
Income						
Fidelity US BD Index	3,850.237	5,171.560	$11.14	$10.90	$42,891.64	$56,370.00
Account Totals					**$308,700.96**	**$354,020.69**

Remember that a dividend payment to fund shareholders reduces the share price of the fund, so a decrease in the share price for the statement period does not necessarily reflect lower fund performance.

Your Contribution Elections as of

As of 05/02/2006

This section displays the funds in which your future contributions will be invested

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History Period:01/01/2005 to 12/31/2005

View by: Investment | Source

Transaction History:

Date	Investment	Transaction	$ Amount	# Shares or Units
12/31/2005	FIDELITY US BD INDEX	Dividends	$239.28	21.952
12/31/2005	FID MGD INC PORT	Dividends	$370.39	370.390
12/23/2005	FID CONTRAFUND	Dividends	$1,052.29	16.078
12/16/2005	FID REAL ESTATE INVS	Dividends	$2,266.95	72.427
12/09/2005	FID DIVERSIFIED INTL	Dividends	$1,875.93	58.951
11/30/2005	FIDELITY US BD INDEX	Dividends	$197.20	18.175
11/30/2005	FID MGD INC PORT	Dividends	$357.28	357.280
11/01/2005	FID MGD INC PORT	Fees	-$7.50	-7.500
10/31/2005	FIDELITY US BD INDEX	Dividends	$201.79	18.615
10/31/2005	FID MGD INC PORT	Dividends	$368.20	368.200
09/30/2005	FIDELITY US BD INDEX	Dividends	$195.83	17.868
09/30/2005	FID MGD INC PORT	Dividends	$362.83	362.830
09/09/2005	FID REAL ESTATE INVS	Dividends	$2,031.63	63.808
09/02/2005	FIDELITY US BD INDEX	Contribution	$10.33	0.929
09/02/2005	FID REAL ESTATE INVS	Contribution	$10.34	0.320
09/02/2005	FID MGD INC PORT	Contribution	$27.56	27.550
09/02/2005	FID DIVERSIFIED INTL	Contribution	$10.33	0.328
09/02/2005	FID CONTRAFUND	Contribution	$10.33	0.167
08/31/2005	FIDELITY US BD INDEX	Dividends	$195.98	17.640
08/31/2005	FID MGD INC PORT	Dividends	$373.27	373.270
08/12/2005	FIDELITY US BD INDEX	Contribution	$75.00	6.806
08/12/2005	FID REAL ESTATE INVS	Contribution	$75.00	2.352
08/12/2005	FID MGD INC PORT	Contribution	$200.00	200.000
08/12/2005	FID DIVERSIFIED INTL	Contribution	$75.00	2.414
08/12/2005	FID CONTRAFUND	Contribution	$75.00	1.214
08/01/2005	FID MGD INC PORT	Fees	-$7.50	-7.500
07/31/2005	FIDELITY US BD INDEX	Dividends	$191.78	17.403
07/31/2005	FID MGD INC PORT	Dividends	$371.16	371.160
07/13/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.391
07/13/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.150
07/13/2005	FID MGD INC PORT	Contribution	$100.00	100.000
07/13/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.281
07/13/2005	FID CONTRAFUND	Contribution	$37.50	0.622
06/30/2005	FIDELITY US BD INDEX	Dividends	$182.59	16.376
06/30/2005	FID MGD INC PORT	Dividends	$360.37	360.370
06/28/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.369
06/28/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.208
06/28/2005	FID MGD INC PORT	Contribution	$100.00	100.000
06/28/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.300
06/28/2005	FID CONTRAFUND	Contribution	$37.50	0.635
06/16/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.381
06/16/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.208
06/16/2005	FID MGD INC PORT	Contribution	$100.00	100.000
06/16/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.300
06/16/2005	FID CONTRAFUND	Contribution	$37.50	0.634

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06/15/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.388
06/15/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.209
06/15/2005	FID MGD INC PORT	Contribution	$100.00	100.000
06/15/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.306
06/15/2005	FID CONTRAFUND	Contribution	$37.50	0.638
06/03/2005	FID REAL ESTATE INVS	Dividends	$230.88	7.857
05/31/2005	FIDELITY US BD INDEX	Dividends	$182.11	16.377
05/31/2005	FID MGD INC PORT	Dividends	$368.53	368.530
05/20/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.384
05/20/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.232
05/20/2005	FID MGD INC PORT	Contribution	$100.00	100.000
05/20/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.332
05/20/2005	FID CONTRAFUND	Contribution	$37.50	0.661
05/05/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.391
05/05/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.278
05/05/2005	FID MGD INC PORT	Contribution	$100.00	100.000
05/05/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.312
05/05/2005	FID CONTRAFUND	Contribution	$37.50	0.669
05/04/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.394
05/04/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.282
05/04/2005	FID MGD INC PORT	Contribution	$100.00	100.000
05/04/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.315
05/04/2005	FID CONTRAFUND	Contribution	$37.50	0.670
05/02/2005	FID MGD INC PORT	Fees	-$7.50	-7.500
04/30/2005	FIDELITY US BD INDEX	Dividends	$170.76	15.467
04/30/2005	FID MGD INC PORT	Dividends	$353.70	353.700
04/25/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.400
04/25/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.312
04/25/2005	FID MGD INC PORT	Contribution	$100.00	100.000
04/25/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.312
04/25/2005	FID CONTRAFUND	Contribution	$37.50	0.669
04/08/2005	FIDELITY US BD INDEX	Dividends	$198.35	18.147
04/08/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.409
04/08/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.350
04/08/2005	FID MGD INC PORT	Contribution	$100.00	100.000
04/08/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.299
04/08/2005	FID CONTRAFUND	Contribution	$37.50	0.654
03/31/2005	FIDELITY US BD INDEX	Dividends	$172.93	15.750
03/31/2005	FID MGD INC PORT	Dividends	$369.32	369.320
03/09/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.403
03/09/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.335
03/09/2005	FID MGD INC PORT	Contribution	$100.00	100.000
03/09/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.265
03/09/2005	FID CONTRAFUND	Contribution	$37.50	0.650
03/07/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.375
03/07/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.289
03/07/2005	FID MGD INC PORT	Contribution	$100.00	100.000
03/07/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.265
03/07/2005	FID CONTRAFUND	Contribution	$37.50	0.641
03/04/2005	FID REAL ESTATE INVS	Dividends	$184.41	6.381
02/28/2005	FIDELITY US BD INDEX	Dividends	$154.37	13.932
02/28/2005	FID MGD INC PORT	Dividends	$332.93	332.930
02/23/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.372
02/23/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.342
02/23/2005	FID MGD INC PORT	Contribution	$100.00	100.000
02/23/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.294
02/23/2005	FID CONTRAFUND	Contribution	$37.50	0.658
02/11/2005	FID MGD INC PORT	Fees	-$7.50	-7.500
02/04/2005	FID CONTRAFUND	Dividends	$8.75	0.153
01/31/2005	FIDELITY US BD INDEX	Dividends	$157.73	14.120
01/31/2005	FID MGD INC PORT	Dividends	$356.48	356.480
01/25/2005	FIDELITY US BD INDEX	Contribution	$37.50	3.363
01/25/2005	FID REAL ESTATE INVS	Contribution	$37.50	1.367
01/25/2005	FID MGD INC PORT	Contribution	$100.00	100.000
01/25/2005	FID DIVERSIFIED INTL	Contribution	$37.50	1.352
01/25/2005	FID CONTRAFUND	Contribution	$37.50	0.684
01/19/2005	FIDELITY US BD INDEX	Contribution	$327.17	29.369
01/19/2005	FID REAL ESTATE INVS	Contribution	$327.16	11.495
01/19/2005	FID MGD INC PORT	Fees	-$6.50	-6.500
01/19/2005	FID MGD INC PORT	Contribution	$872.45	872.450

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⊞ 01/19/2005	FID DIVERSIFIED INTL	Contribution	$327.17	11.722
⊟ 01/19/2005	FID CONTRAFUND	Contribution	$327.17	5.877
⊞ 01/14/2005	FIDELITY US BD INDEX	Contribution	$1,344.61	120.701
⊞ 01/14/2005	FID REAL ESTATE INVS	Contribution	$1,344.61	47.936
⊞ 01/14/2005	FID MGD INC PORT	Contribution	$3,585.62	3,585.620
⊞ 01/14/2005	FID DIVERSIFIED INTL	Contribution	$1,344.60	48.193
⊞ 01/14/2005	FID CONTRAFUND	Contribution	$1,344.59	24.170
⊞ 01/03/2005	FIDELITY US BD INDEX	Exchanges	$10,000.00	897.566
⊞ 01/03/2005	FID DIVERSIFIED INTL	Realized Gain/Loss	$1,451.21	0.000
⊞ 01/03/2005	FID DIVERSIFIED INTL	Exchanges	-$10,000.00	-351.124

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Prime Broker Statement

December 1 - December 31, 2005

Account number

DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

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Account value

Stocks - Long		$ 2,582,775.20
Short trading account balance		0.00
Portfolio Credit Line		-144,996.17
Total value this period		**$ 2,437,779.03**
Total value last period	**$ 2,381,400.24**	

Settlement date information is only displayed in the "Settlement date cash balance" section.

Cash, money fund, bank deposits

	Cash/margin account	Short account
Opening balance	($ 149,237.70)	$ 0.00
Securities bought and other subtractions	(86,712.88)	0.00
Securities sold and other additions	84,831.21	0.00
Withdrawals	0.00	
Interest charged on loans	(599.78)	
Dividends credited	4,820.73	
Closing balance	($ 144,996.17)	$ 0.00

A free credit balance in any securities account may be paid to you on demand. Although properly accounted for on our books and records, these funds may be used for our business purposes.

Earnings summary

	This period		This year	
	Taxable	Non-taxable	Taxable	Non-taxable
Interest	$ 0.00	$ 0.00	$ 171.93	$ 0.00
Qualified dividends	3,993.17	0.00	43,976.23	0.00
Other dividends	1,239.84	0.00	1,413.26	0.00
Money fund earnings	0.00	0.00	3.83	0.00
Total	$ 5,233.01	$ 0.00	$ 45,565.25	$ 0.00

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Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Additional summary information	This period	This year
FRGN tax withheld	$ 312.28	$ 3,495.29

Gain/loss summary	This period	This year
Realized gain or (loss)	($ 20,962.84)	$ 3,776.83
Unrealized gain or (loss) to date	760,165.23	

SETTLEMENT DATE CASH BALANCE

The information provided on this document is based upon trade date activity. Listed below are your settlement date balances.

	Amount
Cash	$ 0.00
Portfolio CreditLine	-144,998.17

PORTFOLIO DETAILS

The values of your holdings are as of 12/30/05.

Securities purchased or sold are included or excluded in this section as of the trade-date. This section may include securities that have not settled as of this statement closing date. Please see the "Unsettled purchases sales" section for more information. Dividend yield is the estimated annual income, assuming the current dividend, divided by the security's market price at the end of the statement period. We do not guarantee the accuracy of the prices reflected on the statement nor do these prices represent levels at which securities can be bought or sold. Please note unrealized gain/(loss) is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor

Stocks

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
TRANSOCEAN INC	76	$ 69.69	.172%	$ 9.00	$ 5,228.75		Symbol: RIG Rating: Citigroup : 1H Argus : 2 Morningstar : 3 S&P : 1
TRANSOCEAN INC	700	69.69	.172	84.00	48,783.00		Symbol: RIG Rating: Citigroup : 1H Argus : 2 Morningstar : 3 S&P : 1
UBS AG-CHF	380	95.15	2.666	887.96	33,302.50		Symbol: UBS Rating: Citigroup : 1M

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Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE Account numbe

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
ALLSTATE CORP	676	$ 54.07	2.367%	$ 864.00	$ 36,497.28		Symbol: ALL Rating: Citigroup : 2M Argus : 1 Morningstar : 2 S&P : 1
ALLTEL CORP DELAWARE	375	63.10	2.44	577.50	23,662.50		Symbol: AT Rating: Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 2
AMERICAN EXPRESS CO	526	51.46	.932	262.00	27,016.60		Symbol: AXP Rating: Citigroup : 1L Argus : 1 Morningster : 2 S&P : 2
AMERICAN INTL GROUP INC	50	68.23	.879	30.00	3,411.50		Symbol: AIG Rating: Citigroup : 2H Argus : 2 Morningstar : 2 S&P : 1
AMERICAN INTL GROUP INC	550	68.23	.879	330.00	37,526.50		Symbol: AIG Rating: Citigroup : 2H Argus : 2 Morningstar : 2 S&P : 1
AMERIPRISE FINANCIAL INC	105	41.00	1.073	46.20	4,305.00		Symbol: AMP Rating: Citigroup : 2H S&P : 2
ANADARKO PETROLEUM CORP	75	94.75	.759	54.00	7,106.25		Symbol: APC Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 2 Buckingham : 1
ANADARKO PETROLEUM CORP	525	94.75	.759	378.00	49,743.75		Symbol: APC Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 2 Buckingham : 1

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Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
APPLIED MATERIALS INC DELAWARE	1,500	$ 17.94	.558%	$ 180.00	$ 26,910.00	Symbol: AMAT Rating: Citigroup : 1H Argus : 2 Morningstar : 2 S&P : 1	
ASTRAZENECA PLC SPON ADR	50	48.60	2.109	51.26	2,430.00	Symbol: AZN Rating: Citigroup : 1M Morningstar : 2 S&P : 3	
ASTRAZENECA PLC SPON ADR	625	48.60	2.109	640.63	30,375.00	Symbol: AZN Rating: Citigroup : 1M Morningstar : 2 S&P : 3	
AXA S.A.SPONS ADR	200	32.33	2.066	133.80	6,466.00	Symbol: AXA Rating: Morningstar : 3 S&P : 2	
AXA S.A.SPONS ADR	650	32.33	2.066	434.20	21,014.50	Symbol: AXA Rating: Morningstar : 3 S&P : 2	
BASF AG SPONS ADR	50	76.48	2.251	86.10	3,824.00	Symbol: BF Rating: Citigroup : 3M Morningstar : 2 S&P : 1	
BASF AG SPONS ADR	525	76.48	2.251	904.08	40,152.00	Symbol: BF Rating: Citigroup : 3M Morningstar : 2 S&P : 1	
BT GROUP PLC ADR-USD	125	38.36	5.028	241.25	4,797.50	Symbol: BT Rating: Citigroup : 1M Morningstar : 1 S&P : 1	
BT GROUP PLC ADR-USD	700	38.36	5.028	1,351.00	26,855.00	Symbol: BT Rating: Citigroup : 1M Morningstar : 1 S&P : 1	
BAKER HUGHES INC	925	60.78	.85	481.00	56,221.50	Symbol: BHI Rating: Citigroup : 1H Argus : 1 Morningstar : 3 S&P : 1	

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December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE *Account number*

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
BANCO SANTANDER CENT HISPANO S ADR	350	$ 13.19	3.229%	$ 149.10	$ 4,616.50	Symbol: STD Rating: Citigroup : 1M Morningstar : 3 S&P : 3	
BANCO SANTANDER CENT HISPANO S ADR	3,200	13.19	3.229	1,363.20	42,208.00	Symbol: STD Rating: Citigroup : 1M Morningstar : 3 S&P : 3	
BURLINGTON RES INC	350	86.20	.464	140.00	30,170.00	Symbol: BR Rating: Citigroup : 2H Argus : 2 Morningstar : 2 S&P : 2 Buckingham : 1	
CATERPILLAR INC	150	57.77	1.731	150.00	8,665.50	Symbol: CAT Rating: Citigroup : 2M Argus : 1 Morningstar : 3 S&P : 2	
CATERPILLAR INC	1,200	57.77	1.731	1,200.00	69,324.00	Symbol: CAT Rating: Citigroup : 2M Argus : 1 Morningstar : 3 S&P : 2	
CHEVRON CORP	50	56.77	3.17	90.00	2,838.50	Symbol: CVX Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 1	
CHEVRON CORP	500	56.77	3.17	900.00	28,385.00	Symbol: CVX Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 1	

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Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
CISCO SYS INC	226	$ 17.12			$ 3,862.00		Symbol: CSCO Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 1 Buckingham : 1
CISCO SYS INC	1,650	17.12			28,248.00		Symbol: CSCO Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 1 Buckingham : 1
CONOCOPHILLIPS	675	58.18	2.131	837.00	39,271.50		Symbol: COP Rating: Citigroup : 2M Argus : 1 Morningstar : 2 S&P : 1
CREDIT SUISSE GROUP ADR	1,100	50.95	1.665	877.80	56,045.00		Symbol: CSR Rating: Citigroup : 2H Morningstar : 3 S&P : 2
DELL INC	150	29.95			4,492.50		Symbol: DELL Rating: Citigroup : 1M Argus : 1 Morningstar : 1 S&P : 2
DELL INC	675	29.95			20,208.25		Symbol: DELL Rating: Citigroup : 1M Argus : 1 Morningstar : 1 S&P : 2
WALT DISNEY CO	175	23.97	1.126	47.25	4,194.75		Symbol: DIS Rating: Citigroup : 1M Argus : 2 Morningstar : 2 S&P : 1
WALT DISNEY CO	1,450	23.97	1.126	391.50	34,756.50		Symbol: DIS Rating: Citigroup : 1M Argus : 2 Morningstar : 2 S&P : 1

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Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
EMC CORP-MASS	2,600	$ 13.82			$ 35,412.00		Symbol: EMC Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 1
E ONAG SPONS ADR	1,050	34.52	2.30	833.70	36,246.00		Symbol: EON Rating: Citigroup : 1M Morningstar : 2 S&P : 2
EXXON MOBIL CORP	675	56.17	2.085	783.00	37,914.75		Symbol: XOM Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 1
FEDEX CORP	75	103.39	.309	24.00	7,754.25		Symbol: FDX Rating: Citigroup : 2M Argus : 1 Morningstar : 3 S&P : 1
FEDEX CORP	375	103.39	.309	120.00	38,771.25		Symbol: FDX Rating: Citigroup : 2M Argus : 1 Morningstar : 3 S&P : 1
GENERAL ELECTRIC CO	125	35.05	2.853	125.00	4,381.25		Symbol: GE Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 2
GENERAL ELECTRIC CO	575	35.05	2.853	575.00	20,153.75		Symbol: GE Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 2
GLAXOSMITHKLINE PLC SP ADR	50	50.48	3.024	76.35	2,524.00		Symbol: GSK Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 1

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December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
GLAXOSMITHKLINE PLC SP ADR	625	$ 50.46	3.024%	$ 954.38	$ 31,550.00		Symbol: GSK Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 1
GOLDMAN SACHS GROUP INC	50	127.71	.783	50.00	6,385.50		Symbol: GS Rating: Citigroup : 2H Argus : 2 Morningstar : 2 S&P : 1 Buckingham : 1
GOLDMAN SACHS GROUP INC	300	127.71	.783	300.00	38,313.00		Symbol: GS Rating: Citigroup : 2H Argus : 2 Morningstar : 2 S&P : 1 Buckingham : 1
HITACHI LTD-ADR	75	67.40	1.33	67.28	5,055.00		Symbol: HIT Rating: Citigroup : 2H Morningstar : 3 S&P : 3
HITACHI LTD-ADR	575	67.40	1.33	515.78	38,755.00		Symbol: HIT Rating: Citigroup : 2H Morningstar : 3 S&P : 3
HONEYWELL INTL INC	75	37.25	2.214	61.88	2,793.75		Symbol: HON Rating: Citigroup : 2H Argus : 1 Morningstar : 2 S&P : 3 Buckingham : 1
HONEYWELL INTL INC	475	37.25	2.214	391.88	17,693.75		Symbol: HON Rating: Citigroup : 2H Argus : 1 Morningstar : 2 S&P : 3 Buckingham : 1

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December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
ILLINOIS TOOL WORKS INC	350	$ 87.99	1.50%	$ 462.00	$ 30,796.50		Symbol: ITW **Rating:** Citigroup : 1L Argus : 2 Morningstar : 2 S&P : 2
ING GROEP NV SPONS ADR	179	34.82	2.996	186.70	6,232.78		Symbol: ING **Rating:** Citigroup : 1M Morningstar : 2 S&P : 1
ING GROEP NV SPONS ADR	846	34.82	2.996	882.38	29,457.72		Symbol: ING **Rating:** Citigroup : 1M Morningstar : 2 S&P : 1
INTEL CORP	176	24.98	1.282	56.00	4,396.00		Symbol: INTC **Rating:** Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 1
INTEL CORP	1,300	24.98	1.282	416.00	32,448.00		Symbol: INTC **Rating:** Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 1
INTL BUSINESS MACHINES CORP	50	82.20	.973	40.00	4,110.00		Symbol: IBM **Rating:** Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 2
INTL BUSINESS MACHINES CORP	275	82.20	.973	220.00	22,605.00		Symbol: IBM **Rating:** Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 2
ISHARES MSCI JAPAN INDEX FUND	10,580	13.52	.318	453.65	142,936.00		Equity portfolio Symbol: EWJ
ISHARES MSCI JAPAN INDEX FUND	9,360	13.52	.318	402.05	126,412.00		Equity portfolio Symbol: EWJ

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December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
JOHNSON & JOHNSON	50	$ 60.10	2.196%	$ 66.00	$ 3,005.00		Symbol: JNJ Rating: Citigroup : 1L Argus : 1 Morningstar : 1 S&P : 1
JOHNSON & JOHNSON	400	60.10	2.196	528.00	24,040.00		Symbol: JNJ Rating: Citigroup : 1L Argus : 1 Morningstar : 1 S&P : 1
KLA-TENCOR CORP	676	49.33	.973	324.00	33,297.76		Symbol: KLAC Rating: Citigroup : 2H Argus : 2 Morningstar : 2 S&P : 1
LEHMAN BROTHERS HOLDINGS INC	75	128.17	.624	60.00	9,612.75		Symbol: LEH Rating: Citigroup : 2H Argus : 2 Morningstar : 3 S&P : 2 Buckingham : 1
LEHMAN BROTHERS HOLDINGS INC	400	128.17	.624	320.00	51,268.00		Symbol: LEH Rating: Citigroup : 2H Argus : 2 Morningstar : 3 S&P : 2 Buckingham : 1
LOCKHEED MARTIN CORP	350	63.63	1.885	420.00	22,270.50		Symbol: LMT Rating: Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 2
LOWES COMPANIES INC	550	66.66	.36	132.00	36,663.00		Symbol: LOW Rating: Citigroup : 1L Argus : 1 Morningstar : 2 S&P : 1 Buckingham : 2

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December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
MATSUSHITA ELEC INDL ADR	1,860	$ 19.36	.753%	$ 270.10	$ 35,853.00		Symbol: MC Rating: Citigroup : 1M Morningstar : 3 S&P : 1
MICROSOFT CORP	800	26.15	1.376	288.00	20,920.00		Symbol: MSFT Rating: Citigroup : 1M Argus : 1 Morningstar : 1 S&P : 1 Buckingham : 1
MITSUBISHI UFJ FINANCIAL GROUP INC ADR	350	13.69	.533	25.55	4,791.50		Symbol: MTU
MITSUBISHI UFJ FINANCIAL GROUP INC ADR	3,200	13.69	.533	233.60	43,808.00		Symbol: MTU
MORGAN STANLEY	125	56.74	1.903	135.00	7,092.50		Symbol: MWD Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 2 Buckingham : 1
MORGAN STANLEY	575	56.74	1.903	621.00	32,625.50		Symbol: MWD Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 2 Buckingham : 1
MOTOROLA INC DE	1,800	22.59	.708	288.00	40,662.00		Symbol: MOT Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 1
NISSAN MTR LTD SPONS ADR	250	20.44	1.868	95.50	5,110.00		Symbol: NSANY Rating: Citigroup : 2H Morningstar : 1 S&P : 2
NISSAN MTR LTD SPONS ADR	1,700	20.44	1.868	649.40	34,748.00		Symbol: NSANY Rating: Citigroup : 2H Morningstar : 1 S&P : 2
NOMURA HOLDINGS INC ADR	225	19.22	.926	40.05	4,324.50		Symbol: NMR
NOMURA HOLDINGS INC ADR	1,300	19.22	.926	231.40	24,986.00		Symbol: NMR

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SMITH BARNEY citigroup

Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
OCCIDENTAL PETROLEUM CORP-DEL	75	$ 79.88	1.602%	$ 108.00	$ 5,991.00		Symbol: OXY Rating: Citigroup : 2M Argus : 1 Morningstar : 2 S&P : 1
OCCIDENTAL PETROLEUM CORP-DEL	425	79.88	1.602	612.00	33,949.00		Symbol: OXY Rating: Citigroup : 2M Argus : 1 Morningstar : 2 S&P : 1
ORACLE CORP	400	12.21			4,884.00		Symbol: ORCL Rating: Citigroup : 2H Argus : 1 Morningstar : 1 S&P : 1
ORACLE CORP	2,500	12.21			30,525.00		Symbol: ORCL Rating: Citigroup : 2H Argus : 1 Morningstar : 1 S&P : 1
PROCTER & GAMBLE CO	50	57.88	1.935	56.00	2,894.00		Symbol: PG Rating: Citigroup : 2L Argus : 1 Morningstar : 2 S&P : 1
PROCTER & GAMBLE CO	350	57.88	1.935	392.00	20,258.00		Symbol: PG Rating: Citigroup : 2L Argus : 1 Morningstar : 2 S&P : 1
ROYAL DUTCH SHELL PLC ADR CL A	50	61.49	3.602	110.75	3,074.50		Symbol: RDSA
ROYAL DUTCH SHELL PLC ADR CL A	750	61.49	3.602	1,661.25	46,117.50		Symbol: RDSA
UTS SPDR TRUST SER 1	675	124.51	2.158	1,813.73	84,044.25		Equity portfolio Symbol: SPY
SAN PAOLO-IMI SPA SPON ADR	200	31.25	2.745	171.80	6,250.00		Symbol: IMI Rating: S&P*Quantitative : 1
SAN PAOLO-IMI SPA SPON ADR	725	31.25	2.745	622.06	22,656.25		Symbol: IMI Rating: S&P*Quantitative : 1

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SMITH BARNEY citigroup

Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE *Account number*

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
SANOFI-AVENTIS SPONS ADR	116	$ 43.90	1.468%	$ 74.70	$ 5,092.40		Symbol: SNY Rating: Citigroup : 2M Morningstar : 2 S&P : 2
SANOFI-AVENTIS SPONS ADR	812	43.90	1.468	522.93	35,646.80		Symbol: SNY Rating: Citigroup : 2M Morningstar : 2 S&P : 2
SCHLUMBERGER LTD	450	97.15	.864	378.00	43,717.50		Symbol: SLB Rating: Citigroup : 1M Argus : 1 Morningstar : 3 S&P : 2
SIEMENS A G SPONS ADR	75	85.53	1.829	117.45	6,418.25		Symbol: SI Rating: Citigroup : 1M Argus : 3 Morningstar : 2 S&P : 2
SIEMENS A G SPONS ADR	300	85.59	1.829	469.80	25,677.00		Symbol: SI Rating: Citigroup : 1M Argus : 3 Morningstar : 2 S&P : 2
TEXAS INSTRUMENTS INC	700	32.07	.374	84.00	22,449.00		Symbol: TXN Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 1
TEXAS INSTRUMENTS INC	1,050	32.07	.374	126.00	33,673.50		Symbol: TXN Rating: Citigroup : 1H Argus : 1 Morningstar : 2 S&P : 1
TIME WARNER INC	1,500	17.44	1.146	300.00	26,160.00		Symbol: TWX Rating: Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 1

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SMITH BARNEY citigroup

Prime Broker Statement

December 1 - December 31, 2005

DR. LAWRENCE LEHRNER, TTEE — Account number

Stocks *continued*

Common stocks - Long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
TOTAL S.A SPONS ADR	25	$ 126.40	2.434%	$ 76.93	$ 3,160.00		Symbol: TOT Rating: Citigroup : 1L Morningstar : 2 S&P : 1
TOTAL S.A SPONS ADR	350	126.40	2.434	1,076.96	44,240.00		Symbol: TOT Rating: Citigroup : 1L Morningstar : 2 S&P : 1
UNITED TECHNOLOGIES CORP	700	55.91	1.573	616.00	39,137.00		Symbol: UTX Rating: Citigroup : 1M Argus : 1 Morningstar : 2 S&P : 2
Total stocks - Long				$ 38,279.36	$ 2,245,775.20		

Citigroup Investment Research and independent, third-party research ratings may be shown for certain securities. All research ratings represent the "opinions" of the research provider and are not representations or guarantees of performance. Because the research report contains more complete information regarding the analyst's opinions, analysis, and rating, you should read the entire research report and not infer its contents from the rating. Citigroup Investment Research stock recommendations include an investment rating and risk rating. The Investment Rating Code (1, 2 or 3) is a function of Citigroup Investment Research's expectation of total return (forecast price appreciation and dividend yield within the next 12 months) and a Risk Rating. The Risk Rating (L, M, H or S) represents the stock's expected risk, taking into account price volatility and fundamental criteria. Please refer to the end of this statement for a guide describing Citigroup Investment Research ratings. Independent, third-party research ratings have been normalized by such third-party providers to a 1 (Buy), 2 (Hold), and 3 (Sell). Citigroup Investment Research is not the author of, does not take responsibility for, and does not guarantee the accuracy, completeness, or timeliness of the independent, third-party research. Except as noted by an asterisk (*), each independent research provider was selected by an Independent Consultant as required under the Global Research Analyst Settlement.

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SMITH BARNEY

Prime Broker Statement
Forms 1099 for 2005

Ref:

DR. LAWRENCE LEHRNER
Account Number

Payer *Your Financial Advisor*

DR. LAWRENCE LEHRNER
9709 CAMDEN HILLS
LAS VEGAS NV
89148-8810

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 2005

(OMB# 1545-0715)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income".

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120000200	03/15/05	013104104000	75	ALBERTSONS INC DELAWARE	$ 20.111	$ 1,489.56	
120000400	02/04/05	05964H105001	200	BANCO SANTANDER CENT HISPANO S ADR	12.026	2,360.12	
120000500	03/04/05	079860102000	125	BELLSOUTH CORP	26.393	3,274.04	
120000700	02/04/05	20825C104000	50	CONOCOPHILLIPS	95.59	4,764.34	
120000900	03/08/05	22160K105000	150	COSTCO WHOLESALE CORP NEW	45.181	6,751.96	
120001100	03/09/05	285661104000	175	ELECTRONIC DATA SYS CORP NEW	20.747	3,610.38	
120001200	03/07/05	319963104000	100	FIRST DATA CORP	41.21	4,095.93	
120001300	03/07/05	364730101000	50	GANNETT CO INC	79.202	3,942.98	
120001500	03/04/05	464287556000	50	ISHARES NASDAQ BIOTECHNOLOGY INDEX FD	67.076	3,328.67	
120001700	03/07/05	635405103000	75	NATIONAL CITY CORP	36.255	2,701.05	
Totals						$ 36,329.00	

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER

Account Number

Details of 1099 Reported Interest Income 2005

The following details show how we derived your total interest reported on Form 1099-INT.
Amounts in Box 1 and Box 3 include any taxable accrued interest received.

Reference number	Description	Interest income not included in box 3 (Box 1)	Early withdrawal penalty (Box 2)	Interest on US Savings Bonds and Treas. obligations (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)
130000100	CITIBANK NA BANK DEPOSIT PROGRAM	$ 32.78					
Totals in Boxes 1-6		$ 32.78					

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000100	*** DAIMLERCHRYSLER AG-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 96.43		$ 96.43				
150000200	ALBERTSONS INC DELAWARE	14.25		14.25				
150000300	AMERICAN INTL GROUP INC	6.25		6.25				
150000400	ANADARKO PETROLEUM CORP	13.50		13.50				
150000500	*** ASTRAZENECA PLC SPON ADR	32.25		32.25				
150000600	*** AXA S.A.SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	157.11		157.11				
150000700	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	109.13		109.13				
150000800	*** BT GROUP PLC ADR-USD	54.27		54.27				
150000900	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	97.22		97.22				

2005 YEAR END SUMMARY

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER

Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150001000	*** BARCLAYS PLC-ADR	$ 180.30		$ 180.30				
150001100	BELLSOUTH CORP	33.75		33.75				
150001200	CATERPILLAR INC	61.50		61.50				
150001300	CHEVRON CORP	20.00		20.00				
150001400	COMERICA INC	53.50		53.50				
150001500	CONOCOPHILLIPS	37.50		37.50				
150001600	COSTCO WHOLESALE CORP NEW	10.00		10.00				
150001700	WALT DISNEY CO	42.00		42.00				
150001800	DUKE ENERGY CORP	27.50		27.50				
150001800	ELECTRONIC DATA SYS CORP NEW	8.75		8.75				
150002000	FEDEX CORP	10.50		10.50				
150002100	FIRST DATA CORP	2.00		2.00				
150002200	GANNETT CO INC	27.00		27.00				
150002300	GAP INC DELAWARE	13.44		13.44				
150002400	GENERAL ELECTRIC CO	55.00		55.00				
150002500	*** GLAXOSMITHKLINE PLC SP ADR	40.48		40.48				
150002600	GOLDMAN SACHS GROUP INC	25.00		25.00				
150002700	*** HITACHI LTD-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	38.21		38.21				
150002800	HONEYWELL INTL INC	15.47		15.47				
150002900	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	132.61		132.61				
150003000	INTEL CORP	28.00		28.00				
150003100	INTERNATIONAL PAPER CO	18.75		18.75				
150003200	JOHNSON & JOHNSON	14.25		14.25				
150003300	KLA-TENCOR CORP	15.00		15.00				
150003400	LEHMAN BROTHERS HOLDINGS INC	15.00		15.00				

2005 YEAR END SUMMARY

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER

Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d *- continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150003500	*** MITSUBISHI TOKYO FINANCIAL GROUP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	$ 18.97		$ 18.97				
150003800	MORGAN STANLEY	33.75		33.75				
150003700	NATIONAL CITY CORP	26.25		26.25				
150003800	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	49.64		49.64				
150003900	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	20.66		20.66				
150004000	OCCIDENTAL PETROLEUM CORP-DEL	43.88		43.88				
150004100	PROCTER & GAMBLE CO	26.50		26.50				
150004200	*** ROYAL DUTCH PETROLEUM CO NY REG SH PAR N GLDR 1.25 THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	95.87		95.87				
150004300	SARA LEE CORP	39.50		39.50				
150004400	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	121.92		121.92				
150004500	*** SONY CORP SPON ADR-NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	8.62		8.62				

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d - continued

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150004600	*** TYCO INTL LTD NEW	$ 7.50		$ 7.50				
150004700	US BANCORP DEL NEW	120.00		120.00				
Totals		$ 2,118.88		$ 2,118.88				

The total of these two categories equals the amount reported in Form 1099-DIV, Box 1a

Please note

- *"Dividends" includes both Qualified and non-qualified dividends received.*
- *"Total capital gain distributions" is a total of long term capital gain distributions and the amounts reported in Boxes 2b through 2d.*

Details of 1099 Reported Dividends and Distributions 2005, Boxes 3 - 9

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150000100	*** DAIMLERCHRYSLER AG-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				$ 14.78		
150000600	*** AXA S.A.SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				23.57		
150000700	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				23.03		
150000800	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				14.59		

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 3 - 9 - *continued*

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150002700	*** HITACHI LTD-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				$ 2.67		
150002900	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				19.88		
150003500	*** MITSUBISHI TOKYO FINANCIAL GROUP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED				1.33		
150003800	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				3.47		
150003900	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				1.45		
150004200	*** ROYAL DUTCH PETROLEUM CO NY REG SH PAR N GLDR 1.25 THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				14.38		
150004400	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				25.73		
150004500	*** SONY CORP SPON ADR NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				.60		
Totals					$ 148.48		

2005 YEAR END SUMMARY

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SMITH BARNEY

Ref:

Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER
Account Number

2005 YEAR END SUMMARY

Details of Short Term Gain (Loss) 2005

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000500	50	COSTCO WHOLESALE CORP NEW	02/04/05	03/08/05	$ 2,250.85	$ 2,337.15	($ 86.50)	
125000600	75	ELECTRONIC DATA SYS CORP NEW CTSY BEAR STEARNS SECURITIES C PRIN INCL COMM OF 5.25 AND SEC FEE OF 0.12	02/04/05	03/09/05	1,547.30	1,599.75	(52.45)	
125000800	25	GANNETT CO INC CTSY WEEDEN & CO PRIN INCL COMM OF 2.00 AND SEC FEE OF 0.14	06/03/04	03/07/05	1,971.49	2,210.38	(238.89)	
Total					$ 5,769.44	$ 6,147.28	($ 377.84)	

Details of Long Term Gain (Loss) 2005

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	75	ALBERTSONS INC DELAWARE CTSY MERRILL LYNCH PIERCE FENN PRIN INCL COMM OF 3.75 AND SEC FEE OF 0.05	09/24/02	03/15/05	$ 1,489.56	$ 1,834.07	($ 344.51)	
125000200	200	BANCO SANTANDER CENT HISPANO S ADR	09/19/02	02/04/05	2,380.12	1,193.44		1,186.68
125000300	125	BELLSOUTH CORP	04/15/03	03/04/05	3,274.04	2,896.26		377.78
125000400	50	CONOCOPHILLIPS	09/12/02	02/04/05	4,754.34	2,633.26		2,121.08
125000500	100	COSTCO WHOLESALE CORP NEW	08/28/02	03/08/05	4,501.30	3,298.05		1,203.25
125000600	100	ELECTRONIC DATA SYS CORP NEW CTSY BEAR STEARNS SECURITIES C PRIN INCL COMM OF 5.25 AND SEC FEE OF 0.12	09/05/02	03/09/05	2,063.08	3,837.82	(1,774.76)	

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SMITH BARNEY

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER
Account Number

Details of Long Term Gain (Loss) 2005 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000700	100	FIRST DATA CORP	09/03/02	03/07/05	$ 4,095.93	$ 3,440.51		$ 655.42
125000800	25	GANNETT CO INC CTSY WEEDEN & CO PRIN INCL COMM OF 2.00 AND SEC FEE OF 0.14	11/25/03	03/07/05	1,971.48	2,185.69	(214.20)	
125000900	50	ISHARES NASDAQ BIOTECHNOLOGY INDEX FD	02/19/04	03/04/05	3,328.67	3,976.58	(647.91)	
125001000	75	NATIONAL CITY CORP CTSY GOLDMAN SACHS & CO PRIN INCL COMM OF 3.00 AND SEC FEE OF 0.09	09/17/02	03/07/05	2,701.06	2,247.39		453.66
Total					$ 30,559.68	$ 27,843.07	($ 2,991.38)	$ 5,997.87

Details of Deposits and Withdrawals 2005

This section reflects any deposits or withdrawals made to your account during the year.

Deposits

Reference number	Date	Description	Amount
210000100	01/25/05	BASF AG SPONS ADR TAX REFUND OF 6.10% RECORD 04/29/04 PAY 05/10/04 X/D 04/27/04	$ 10.29
Total			$ 380.90

Reference number	Date	Description	Amount
210000200	07/18/05	DEPOSIT RECEIVED AT 00530 - MENLO PARK CA	$ 370.61

Withdrawals

2005 YEAR END SUMMARY

Berkley 6/4/85

citigroup
SMITH BARNEY

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Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER
Account Number

Details of Deposits and Withdrawals 2005 - *continued*

Withdrawals - *continued*

Reference number	Date	Description	Referral number	Amount
220000700	08/03/05	FROM 530-06481-01 TO 530-15178-01 RESIDUAL CASH		$ 17.64
Total				$ 7,671.95

Reference number	Date	Description	Referral number	Amount
220000800	08/12/05	FROM 530-06481-01 TO 530-15178-01 RESIDUAL CASH		$ 5.57

As you requested, copies of this document have also been sent to:

2005 YEAR END SUMMARY

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citigroup
SMITH BARNEY

Corrected Copy as of 02/10/06
Ref:

Prime Broker Statement
Forms 1099 for 2005

DR. LAWRENCE LEHRNER, TTEE
Account Number

Payer

Your Financial Advisor

DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
9708 CAMDEN HILLS AVE
LAS VEGAS NV
89145-8810

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 2005

(OMB# 1545-0715)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income".

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120000100	06/08/05	D1668R123001	50	DAIMLERCHRYSLER AG-EUR	$ 40.842	$ 2,017.03	
120000500	10/14/05	06738E204001	875	BARCLAYS PLC-ADR	38.756	33,880.89	
120000600	03/04/05	079860102000	1,075	BELLSOUTH CORP	28.383	29,318.00	
120001100	10/14/05	200340107000	275	COMERICA INC	56.425	15,490.31	
120001400	07/08/05	20825C104000	175	CONOCOPHILLIPS	60.00	10,474.56	
120001500	03/08/05	22160K105000	475	COSTCO WHOLESALE CORP NEW	45.181	21,436.36	
120001700	10/14/05	26439W108000	850	DUKE ENERGY CORP	26.923	21,991.38	
120001900	03/14/05	285661104000	600	ELECTRONIC DATA SYS CORP NEW	20.889	12,494.40	
120002000	10/14/05	29265W108001	700	ENEL SOCIETA PER AZION ADR	40.842	28,545.48	
120002200	03/07/05	319963104000	775	FIRST DATA CORP	41.21	31,888.48	
120002300	03/07/05	364730101000	275	GANNETT CO INC	79.202	21,753.91	
120002400	11/03/05	364760108000	1,400	GAP INC DELAWARE	17.312	24,179.34	
120002500	11/04/05	404280406001	350	HSBC HLDG PLC SP ADR NEW	79.184	27,684.45	
120002700	10/13/05	460146103000	750	INTERNATIONAL PAPER CO	27.084	20,267.15	
120003000	03/04/05	464287556000	500	ISHARES NASDAQ BIOTECHNOLOGY INDEX FD	67.075	33,511.74	

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Prime Broker Statement
Forms 1099 for 2005

DR. LAWRENCE LEHRNER, TTEE
Account Number

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 2005 - *continued* (OMB# 1545-0715)

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120003100	07/06/05	482480100000	250	KLA-TENCOR CORP	$ 44.962	$ 11,212.76	
120003200	11/04/05	494368103000	350	KIMBERLY CLARK CORP	56.893	19,886.89	
120003300	03/08/05	501044101000	1,250	KROGER CO	16.889	21,070.68	
120003400	11/04/05	505861401001	1,560	LAFARGE SPONS ADR NEW LAFARGE COPPEE	20.139	31,137.92	
120003500	12/13/05	589331107000	225	MERCK & CO INC	28.884	6,489.23	
120003800	03/09/05	595112103000	1,400	MICRON TECHNOLOGY INC	10.612	14,786.31	
120003900	03/07/05	635405103000	450	NATIONAL CITY CORP	36.255	16,281.30	
120004000	01/03/05	640078109000	10	NEENAH PAPER INC	32.623	326.23	
120004600	11/04/05	803111103000	1,200	SARA LEE CORP	17.694	21,172.27	
120004800	09/15/05	826170102000	1,750	SIEBEL SYSTEMS INC	10.313	17,998.04	
120004900	12/13/05	835699307001	550	SONY CORP SPON ADR NEW	37.258	20,454.15	
120005000	10/14/05	867914103000	250	SUNTRUST BANKS INC	67.769	16,914.07	
120005400	12/13/05	879382208001	624	TELEFONICA S.A. SPON ADR	45.06	28,073.49	
120005900	12/13/05	902124106001	1,060	TYCO INTL LTD NEW	28.266	29,631.34	
120006000	11/03/05	902973304000	1,150	US BANCORP DEL NEW	28.848	33,113.27	
120006200	03/09/05	939322103000	875	WASHINGTON MUTUAL INC	41.337	36,125.38	
Totals						$ 668,678.59	

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2005 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
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Details of 1099 Reported Interest Income 2005

The following details show how we derived your total interest reported on Form 1099-INT. Amounts in Box 1 and Box 3 include any taxable accrued interest received.

Reference number	Description	Interest income not included in box 3 (Box 1)	Early withdrawal penalty (Box 2)	Interest on US Savings Bonds and Treas. obligations (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)
130000100	INTEREST ON CREDIT BALANCE	$ 171.93					
Totals in Boxes 1-6		$ 171.93					

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000100	*** UBS AG-CHF THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 878.81		$ 878.81				
150000200	ALLSTATE CORP	837.00		837.00				
150000300	ALLTEL CORP DELAWARE	570.00		570.00				
150000400	AMERICAN EXPRESS CO	252.00		252.00				
150000500	AMERICAN INTL GROUP INC	323.76		323.76				
150000600	AMERIPRISE FINANCIAL INC	11.55		11.55				
150000700	ANADARKO PETROLEUM CORP	418.50		418.50				
150000800	APPLIED MATERIALS INC DELAWARE	45.00		45.00				
150000900	*** ASTRAZENECA PLC SPON ADR	659.63		659.63				
150001000	*** AXA S.A.SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	510.59		510.59				
150001100	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,145.88		1,145.88				
150001200	*** BT GROUP PLC ADR-USD	1,492.27		1,492.27				

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DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150001300	BAKER HUGHES INC	$ 439.39		$ 439.39				
150001400	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,487.33		1,487.33				
150001500	*** BARCLAYS PLC-ADR	1,440.38		1,440.38				
150001600	BELLSOUTH CORP	290.25		290.25				
150001700	CATERPILLAR INC	1,167.00		1,167.00				
150001800	CHEVRON CORP	942.50		942.50				
150001900	COMERICA INC	543.25		543.25				
150002000	CONOCOPHILLIPS	857.00		857.00				
150002100	COSTCO WHOLESALE CORP NEW	47.50		47.50				
150002200	WALT DISNEY CO	348.00		348.00				
150002300	DUKE ENERGY CORP	703.50		703.50				
150002400	*** E ONAG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,056.75		1,056.75				
150002500	ELECTRONIC DATA SYS CORP NEW	30.00		30.00				
150002600	*** ENEL SOCIETA PER AZION ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,512.38		1,512.38				
150002700	EXXON MOBIL CORP	195.75		195.75				
150002800	FEDEX CORP	124.50		124.50				
150002900	FIRST DATA CORP	15.50		15.50				
150003000	GANNETT CO INC	148.50		148.50				
150003100	GAP INC DELAWARE	208.64		208.64				
150003200	GENERAL ELECTRIC CO	581.00		581.00				
150003300	*** GLAXOSMITHKLINE PLC SP ADR	997.29		997.29				
150003400	GOLDMAN SACHS GROUP INC	325.00		325.00				
150003500	*** HSBC HLDG PLC SP ADR NEW	1,190.00		1,190.00				
150003600	*** HITACHI LTD-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	588.48		588.48				
150003700	HONEYWELL INTL INC	438.29		438.29				

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DR. LAWRENCE LEHRNER, TTEE

Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends* (Box 1a)	Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150003800	ILLINOIS TOOL WORKS INC	9 409.50		9 409.50				
150003900	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,292.88		1,292.88				
150004000	INTEL CORP	444.00		444.00				
150004100	INTL BUSINESS MACHINES CORP	196.00		196.00				
150004200	INTERNATIONAL PAPER CO	543.75		543.75				
150004300	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	1,229.23		1,142.40				
150004400	JOHNSON & JOHNSON	559.50		559.50				
150004500	KLA-TENCOR CORP	258.00		258.00				
150004600	KIMBERLY CLARK CORP	612.50		612.50				
150004700	*** LAFARGE SPONS ADR NEW LAFARGE COPPEE THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,111.17		1,111.17				
150004800	LEHMAN BROTHERS HOLDINGS INC	386.00		386.00				
150004900	LOCKHEED MARTIN CORP	367.50		367.50				
150005000	LOWES COMPANIES INC	110.00		110.00				
150005100	*** MATSUSHITA ELEC INDL ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	279.51		279.51				
150005200	MERCK & CO INC	342.00		342.00				
150005300	MICROSOFT CORP	256.00		256.00				
150005400	*** MITSUBISHI TOKYO FINANCIAL GROUP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	173.42		173.42				

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DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends Dividends* (Box 1a)	Total Ordinary Dividends Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150005500	*** MITSUBISHI UFJ FINANCIAL GROUP INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	$ 87.96		$ 87.96				
150005600	MORGAN STANLEY	533.25		533.25				
150005700	NATIONAL CITY CORP	157.50		157.50				
150005800	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	750.98		750.98				
150005900	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	270.42		270.42				
150006000	OCCIDENTAL PETROLEUM CORP-DEL	558.63		558.63				
150006100	PROCTER & GAMBLE CO	409.50		409.50				
150006200	*** ROYAL DUTCH PETROLEUM CO NY REG SH PAR N GLDR 1.25 THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,438.01		1,438.01				
150006300	*** ROYAL DUTCH SHELL PLC ADR CL A THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	887.49		887.49				
150006400	UTS SPDR TRUST SER 1 $463.38OF THIS INCOME WAS CR TO YOUR ACCT IN 2006	453.38		453.38				
150006500	*** SAN PAOLO-IMI SPA SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,087.74		1,087.74				
150006600	*** SANOFI-AVENTIS SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	681.37		681.37				
150006700	SARA LEE CORP	908.50		908.50				
150006800	SIEBEL SYSTEMS INC	43.75		43.75				

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2005 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 1a - 2d - continued

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Total Ordinary Dividends: Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150006900	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 487.68		$ 487.68				
150007000	SB MONEY FUNDS CASH PORT CL A	3.83						
150007100	*** SONY CORP SPON ADR NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	111.56		111.56				
150007200	SUNTRUST BANKS INC	412.50		412.50				
150007300	*** TELEFONICA S.A. SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,109.19		1,109.19				
150007400	TEXAS INSTRUMENTS INC	84.00		84.00				
150007500	TIME WARNER INC	150.00		150.00				
150007600	*** TOTAL S.A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,360.72		1,360.72				
150007700	*** TYCO INTL LTD NEW	307.50		307.50				
150007800	US BANCORP DEL NEW	1,280.00		1,280.00				
150007900	UNITED TECHNOLOGIES CORP	616.00		616.00				
150008000	WASHINGTON MUTUAL INC	402.50		402.50				
Totals		$ 45,824.07		$ 45,823.41				

** The total of these two categories equals the amount reported in Form 1099-DIV, Box 1a.*

Please note.

- *"Dividends" includes both Qualified and non-qualified dividends received.*
- *"Total capital gain distributions" is a total of long term capital gain distributions and the amounts reported in Boxes 2b through 2d.*

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2005 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
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Details of 1099 Reported Dividends and Distributions 2005, Boxes 3 - 9

The following details show how we derived your total dividends reported on Form 1099-DIV Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150000100	*** UBS AG CHF THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				$ 307.58		
150001000	*** AXA S.A.SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				127.86		
150001100	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				241.78		
150001400	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				223.10		
150002400	*** E ONAG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				222.97		
150002800	*** ENEL SOCIETA PER AZION ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				408.34		
150003800	*** HITACHI LTD-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				41.20		
150003900	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				193.64		
150004300	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED				77.97		

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DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 3 - 9 - *continued*

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150004700	*** LAFARGE SPONS ADR NEW LAFARGE COPPEE THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				$ 277.79		
150005100	*** MATSUSHITA ELEC INDL ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				19.56		
150005400	*** MITSUBISHI TOKYO FINANCIAL GROUP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED				12.14		
150005500	*** MITSUBISHI UFJ FINANCIAL GROUP INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED				6.16		
150005800	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				52.57		
150005900	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				18.95		
150006200	*** ROYAL DUTCH PETROLEUM CO NY REG SH PAR N GLDR 1.25 THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				215.70		
150006300	*** ROYAL DUTCH SHELL PLC ADR CL A THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				133.13		
150006500	*** SAN PAOLO-IMI SPA SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				293.69		

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DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of 1099 Reported Dividends and Distributions 2005, Boxes 3 - 9 - *continued*

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150006800	*** SANOFI-AVENTIS SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				$ 170.34		
150006900	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				102.90		
150007100	*** SONY CORP SPON ADR-NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				7.80		
150007300	*** TELEFONICA S.A. SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				78.13		
150007600	*** TOTAL S.A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				340.19		
Totals					$ 3,672.66		

Details of Short Term Gain (Loss) 2005

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125001500	250	ISHARES NASDAQ BIOTECHNOLOGY	03/05/04	03/04/05	$ 16,755.87	$ 20,232.98	($ 3,477.11)	
	250	INDEX FD	06/18/04		16,755.87	18,309.53	(1,553.66)	
125002800	104	TELEFONICA S.A. SPON ADR	03/08/05	12/13/06	4,679.42	5,843.61	(984.19)	
	520	CTSY DEUTSCHE BANK ALEX BROWN PRIN INCL COMM OF 24.96 AND SEC FEE OF 1.18	03/08/05		23,397.07	28,158.05	(4,760.98)	

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DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of Short Term Gain (Loss) 2005 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125002900	75	TYCO INTL LTD NEW	03/07/05	12/13/05	$ 2,116.52	$ 2,712.02	($ 595.50)	
	975	CTSY MORGAN STANLEY & CO. INC	03/07/05		27,514.82	35,076.20	(7,561.38)	
		PRIN INCL COMM OF 31.50						
		AND SEC FEE OF 1.25						
Total					$ 91,219.57	$ 110,132.39	($ 18,912.82)	

Details of Long Term Gain (Loss) 2005

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	50	DAIMLERCHRYSLER AG-EUR	09/19/02	06/08/05	$ 2,017.03	$ 1,885.38		$ 131.65
125000200	150	BARCLAYS PLC-ADR	09/10/02	10/14/05	5,804.69	4,236.71		1,567.98
	726	CTSY ITG, INC	09/10/02		28,056.00	20,419.91		7,636.09
		PRIN INCL COMM OF 35.00						
		AND SEC FEE OF 1.42						
125000300	725	BELLSOUTH CORP	09/03/02	03/04/05	18,098.19	16,222.02		2,876.17
	350		03/03/03		9,219.81	7,313.33		1,906.48
125000400	50	COMERICA INC	09/12/02	10/14/05	2,816.42	2,744.09		72.33
	225	CTSY WEEDEN & CO	09/12/02		12,673.89	12,260.88		413.01
		PRIN INCL COMM OF 11.00						
		AND SEC FEE OF 0.65						
125000500	175	CONOCOPHILLIPS	09/12/02	07/06/05	10,474.56	4,570.71		5,903.85
125000600	475	COSTCO WHOLESALE CORP NEW	09/26/02	03/08/05	21,435.36	15,570.74		5,864.62
125000700	100	DUKE ENERGY CORP	08/30/02	10/14/05	2,587.22	2,708.59	(121.37)	
	750		08/30/02		19,404.16	20,164.43	(760.27)	
125000800	600	ELECTRONIC DATA SYS CORP NEW	09/06/02	03/14/05	12,484.40	22,908.92	(10,412.52)	
		CTSY WEEDEN & CO						
		PRIN INCL COMM OF 24.00						
		AND SEC FEE OF 0.42						

2005 YEAR END SUMMARY

citigroup
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Ref: .....

Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of Long Term Gain (Loss) 2005 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000900	75	ENEL SOCIETA PER AZION ADR	09/10/02	10/14/05	$ 3,068.44	$ 2,034.29		$ 1,024.15
	625	CTSY CANTOR FITZGERALD & CO.	09/10/02		25,487.04	16,904.94		8,582.10
		PRIN INCL COMM OF 28.00						
		AND SEC FEE OF 1.20						
125001000	775	FIRST DATA CORP	09/03/02	03/07/05	31,898.48	26,508.95		5,389.53
125001100	275	GANNETT CO INC	11/25/03	03/07/05	21,753.91	23,792.59	(2,038.68)	
		CTSY WEEDEN & CO						
		PRIN INCL COMM OF 11.00						
		AND SEC FEE OF 0.72						
125001200	200	GAP INC DELAWARE	11/14/03	11/03/05	3,454.19	4,376.70	(922.51)	
	1,200	CTSY DEUTSCHE BANK ALEX BROWN	11/14/03		20,725.15	26,170.20	(5,445.05)	
		PRIN INCL COMM OF 42.00						
		AND SEC FEE OF 1.02						
125001300	350	HSBC HLDG PLC SP ADR NEW	09/10/02	11/04/05	27,684.45	19,892.73		7,791.72
		CTSY LEHMAN BROTHERS INC						
		PRIN INCL COMM OF 14.00						
		AND SEC FEE OF 1.16						
125001400	75	INTERNATIONAL PAPER CO	09/17/02	10/13/05	2,028.71	2,664.31	(637.60)	
	675	CTSY WEEDEN & CO	09/17/02		18,240.44	23,787.54	(5,547.10)	
		PRIN INCL COMM OF 30.00						
		AND SEC FEE OF 0.85						
125001600	125	KLA-TENCOR CORP	09/24/02	07/08/05	5,606.38	3,421.19		2,185.19
	125		09/24/02		5,606.38	3,402.44		2,203.94
125001700	350	KIMBERLY CLARK CORP	09/09/02	11/04/05	19,886.89	20,792.00	(905.11)	
125001800	1,250	KROGER CO	09/24/02	03/09/05	21,070.68	18,496.75		2,573.93
		CTSY DEUTSCHE BANK ALEX BROWN						
		PRIN INCL COMM OF 37.50						
		AND SEC FEE OF 0.70						
125001900	150	LAFARGE SPONS ADR NEW	11/13/03	11/04/05	3,013.35	2,882.85		130.50
	1,400	LAFARGE COPPEE	11/13/03		28,124.57	26,781.60		1,342.97
		CTSY PERSHING						
		PRIN INCL COMM OF 62.00						
125002000	225	MERCK & CO INC	09/24/02	12/13/05	6,469.23	9,756.41	(3,287.18)	
125002100	1,400	MICRON TECHNOLOGY INC	09/04/02	03/09/05	14,786.31	23,917.18	(9,130.87)	
125002200	450	NATIONAL CITY CORP	09/17/02	03/07/05	16,281.30	13,359.31		2,921.99
		CTSY GOLDMAN SACHS & CO						
		PRIN INCL COMM OF 18.00						
		AND SEC FEE OF 0.54						

2005 YEAR END SUMMARY

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Corrected Copy as of 02/10/06
Ref:

Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
Account Number

2005 YEAR END SUMMARY

Details of Long Term Gain (Loss) 2005 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125002300	10	NEENAH PAPER INC	09/06/02	01/03/05	$ 328.23	$ 319.25		$ 8.98
125002400	100	SARA LEE CORP	09/27/02	11/04/05	1,784.36	1,920.21	(135.85)	
	1,100		09/27/02		19,407.91	20,792.31	(1,384.40)	
125002500	1,750	SIEBEL SYSTEMS INC CTSY UBS WARBURG LLC PRIN INCL COMM OF 35.00 AND SEC FEE OF 0.78	09/17/02	09/15/05	17,998.04	14,377.78		3,620.26
125002600	75	SONY CORP SPON ADR-NEW	09/17/02	12/13/05	2,789.20	3,318.06	(528.86)	
	475	CTSY CANTOR FITZGERALD & CO. PRIN INCL COMM OF 22.00 AND SEC FEE OF 0.86	09/17/02		17,684.95	20,921.70	(3,236.75)	
125002700	250	SUNTRUST BANKS INC CTSY MERRILL LYNCH,PIERCE,FENN PRIN INCL COMM OF 12.50 AND SEC FEE OF 0.71	09/09/02	10/14/05	16,914.07	17,026.80	(112.73)	
125003000	200	US BANCORP DEL NEW	05/27/04	11/03/05	5,758.83	5,805.10		93.73
	950	CTSY WEEDEN & CO PRIN INCL COMM OF 46.00 AND SEC FEE OF 1.39	05/27/04		27,354.44	26,837.98		516.46
125003100	875	WASHINGTON MUTUAL INC	09/09/02	03/09/05	36,125.36	33,567.49		2,557.87
Total					$ 587,359.02	$ 544,870.37	($ 44,624.85)	$ 87,313.50

Details of Deposits and Withdrawals 2005

This section reflects any deposits or withdrawals made to your account during the year.

Deposits

Reference number	Date	Description	Amount
210000100	01/24/05	E ONAG SPONS ADR TAX REFUND OF 6.10% RECORD 04/28/04 PAY 05/06/04 X/D 04/27/04	$ 51.44
210000300	05/09/05	FROM 530-06481-01 TO 630-15178-01	4,892.34
210000200	01/25/05	BASF AG SPONS ADR TAX REFUND OF 6.10% RECORD 04/29/04 PAY 06/10/04 X/D 04/27/04	$ 54.01
210000400	06/30/05	DEPOSIT RECEIVED AT 00630 - MENLO PARK CA	50,000.00

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SMITH BARNEY

Corrected Copy as of 02/10/06
Ref

Prime Broker Statement
2005 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
Account Number

Details of Deposits and Withdrawals 2005 - *continued*

Deposits - *continued*

Reference number	Date	Description	Amount
210000600	07/08/05	FROM 530-08461-01 TO 530-15178-01	$ 595.15
210000700	08/12/05	FROM 530-08461-01 TO 530-15178-01 RESIDUAL CASH	5.57
Total			**$ 86,616.15**

Reference number	Date	Description	Amount
210000800	08/03/06	FROM 530-08461-01 TO 530-15178-01 RESIDUAL CASH	$ 17.64
210000900	10/12/06	DEPOSIT RECEIVED AT 00630 - MENLO PARK CA	30,000.00

2005 YEAR END SUMMARY

SCHWAB

Account Statement
Retain for Your Records

Statement Period: December 1, 2005 to December 31, 2005
Last Statement: November 30, 2005

Schwab Independent Investing | Signature™

Schwab One® Trust Account

Account Opened In: 1994

LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING TRUST
U/A DTD 02/22/1996
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Account Value Summary	
Cash & Sweep Money Market Funds	$ 8,380.36
Investments	$ 239,477.46
Total Account Value	$ 247,857.82

Change In Value Summary	
Change in Value Since November 30, 2005:	$ 1,929.16
Change in Value Since January 1, 2005	$ 19,942.60

Rate Summary	
Schwab Muni MMF	2.69%

Investment Detail

Description	Symbol	Quantity Long/Short		Price	Market Value
Cash and Money Market Funds (Sweep)					
SCH MUNI MONEY FUND	SWXXX	8,380.3600	L	$ 1	$ 8,380.36
Investments					
SCUDDER HIGH YIELD TAX FREE FUND CL S	SHYTX	7,255.5890	L	$ 12.8400	$ 93,151.76
DAVITA INC	DVA	750	L	50.6400	37,980.00
HARTFORD FINL SVCS GRP	HIG	94.1088	L	85.8900	8,083.00
ITT INDUSTRIES INC INDIANA	ITT	20.0402	L	102.8200	2,060.53
INTL BUSINESS MACHINES	IBM	42.2063	L	82.2000	3,469.36
PFIZER INCORPORATED	PFE	667.2829	L	23.3200	15,561.04
SIRIUS SATELLITE RADIO	SIRI	2,500	L	6.7000	16,750.00
DREYFUS S&P 500 INDEX	PEOPX	489.4920	L	36.3500	17,795.03
WILLIAM BLAIR INTL GROWTH FUND CLASS N	WBIGX	1,769.1810	L	25.2200	44,616.74
		Total Account Value			$ 247,857.82

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Please see "Footnotes for Your Account" section for an explanation of the footnote codes and symbols on this statement.

Net Change Reflects S.E.C. Accounting Method. Member SIPC. (06/2004) (SIP-Reg) (0401/0401 ID 1234)

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Form 1099
with Account Summary
Retain for your Records

Tax Year 2005

Page 2
Date Prepared: January 26, 2006

Taxpayer ID Number:
Account Number:

DETAIL INFORMATION OF DIVIDENDS AND DISTRIBUTIONS

Cusip Number	*Description*	*Paid in 2005*	*Paid/Adjusted in 2006 for 2005*	*Amount*
Ordinary Dividends				
Non-Qualified Dividends				
093001402	WILLIAM BLAIR INTL	$ 0.00	$ 4.25	$ 4.25
Total Non-Qualified Dividends (Included in Box 1a)		$ 0.00	$ 4.25	$ 4.25
Short Term Capital Gains				
811170208	SCUDDER HIGH YIELD TAX	$ 15.17	$ 0.00	$ 15.17
Total Short Term Capital Gains (Included in Box 1a)		$ 15.17	$ 0.00	$ 15.17
Qualified Dividends				
093001402	WILLIAM BLAIR INTL	$ 186.57	$ (4.25)	$ 182.32
26200Q105	DREYFUS S&P 500 INDEX	233.35	0.00	233.35
416515104	HARTFORD FINL SVCS GRP	108.11	0.00	108.11
450911102	I T T INDUSTRIES INC	14.17	0.00	14.17
459200101	INTL BUSINESS MACHINES	32.73	0.00	32.73
717081103	PFIZER INCORPORATED	497.34	0.00	497.34
Total Qualified Dividends (Box 1b and included in Box 1a)		$ 1,072.27	$ (4.25)	$ 1,068.02
Total Ordinary Dividends (Box 1a) (Non-Qualified Dividends, Short Term Capital Gains and Qualified Dividends)		$ 1,087.44	$ 0.00	$ 1,087.44

Cusip Number	*Description*	*Paid in 2005*	*Paid/Adjusted in 2006 for 2005*	*Amount*
Capital Gain Distributions				
15% Rate Gain				
093001402	WILLIAM BLAIR INTL	$ 2,504.26	$ 0.00	$ 2,504.26
Total 15% Rate Gain (Included in Box 2a)		$ 2,504.26	$ 0.00	$ 2,504.26
Total Capital Gain Distributions (Box 2a)		$ 2,504.26	$ 0.00	$ 2,504.26

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Charles SCHWAB

Form 1099
with Account Summary
Return for your Records

Tax Year 2005

Page 3
Date Prepared: January 26, 2006

Taxpayer ID Number:
Account Number:

ACCOUNT SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS
The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab. It is being provided to you as additional tax reporting information that you may need to complete your tax return.

SUPPLEMENTAL INFORMATION

Tax-Exempt Dividends

Cusip Number	Description	Paid in 2005	Paid/Adjusted in 2006 for 2005	Amount
808515308	SCH MUNI MONEY FUND	$ 329.22	$ 0.00	$ 329.22
811170208	SCUDDER HIGH YIELD TAX	4,509.30	0.00	4,509.30
Total Tax-Exempt Dividends		**$ 4,838.52**	**$ 0.00**	**$ 4,838.52**

Investment Activity for 2005 - Stocks

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	0.3921	HARTFORD FINL SVCS GRP	01/04/05		68.5100	$ (26.86)
REINVEST	0.3996	HARTFORD FINL SVCS GRP	04/04/05		67.5000	(26.97)
REINVEST	0.3586	HARTFORD FINL SVCS GRP	07/05/05		75.5400	(27.09)
REINVEST	0.3513	HARTFORD FINL SVCS GRP	10/04/05		77.3900	(27.19)
REINVEST	0.0405	I T T INDUSTRIES INC	01/04/05		83.4300	(3.38)
REINVEST	0.0396	I T T INDUSTRIES INC	04/04/05		90.7500	(3.59)
REINVEST	0.0364	I T T INDUSTRIES INC	07/05/05		98.9400	(3.60)
REINVEST	0.0312	I T T INDUSTRIES INC	10/04/05		115.2300	(3.60)
REINVEST	0.0816	INTL BUSINESS MACHINES	03/11/05		92.2954	(7.53)
REINVEST	0.1123	INTL BUSINESS MACHINES	06/13/05		74.6354	(8.38)
REINVEST	0.1037	INTL BUSINESS MACHINES	09/13/05		80.9854	(8.40)
REINVEST	0.0996	INTL BUSINESS MACHINES	12/13/05		84.5490	(8.42)
REINVEST	4.6247	PFIZER INCORPORATED	03/09/05		26.6025	(123.03)
REINVEST	4.4254	PFIZER INCORPORATED	06/08/05		27.9994	(123.91)
REINVEST	4.7738	PFIZER INCORPORATED	09/07/05		26.1322	(124.75)
REINVEST	5.9465	PFIZER INCORPORATED	12/07/05		21.1300	(125.65)
Total Purchases/Adjustments - Stocks					$	**(652.35)**
Total Proceeds/Adjustments - Stocks					$	**0.00**

Investment Activity for 2005 - Mutual Funds

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	6.3690	DREYFUS S&P 500 INDEX	12/28/05		36.6400	$ (233.35)
REINVEST	28.1970	SCUDDER HIGH YIELD TAX	01/25/05		12.8200	(361.49)
REINVEST	29.4230	SCUDDER HIGH YIELD TAX	02/22/05		12.8400	(377.79)
REINVEST	32.7380	SCUDDER HIGH YIELD TAX	03/24/05		12.7100	(416.10)
REINVEST	28.4050	SCUDDER HIGH YIELD TAX	04/25/05		12.7900	(363.30)
REINVEST	27.0810	SCUDDER HIGH YIELD TAX	05/24/05		12.9000	(349.34)

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Form 1099
with Account Summary
Retain for your Records

Tax Year 2005

Page 4
Date Prepared: January 26, 2006

Taxpayer ID Number:
Account Number:

ACCOUNT SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS (continued)
The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab. It is being provided to you as additional tax reporting information that you may need to complete your tax return.

SUPPLEMENTAL INFORMATION (continued)

Investment Activity for 2005 - Mutual Funds (continued)

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	30.5050	SCUDDER HIGH YIELD TAX	06/24/05		12.9400	$ (394.73)
REINVEST	27.7050	SCUDDER HIGH YIELD TAX	07/25/05		12.9100	(357.67)
REINVEST	27.6740	SCUDDER HIGH YIELD TAX	08/25/05		12.9300	(357.82)
REINVEST	31.0190	SCUDDER HIGH YIELD TAX	09/26/05		12.8800	(399.53)
REINVEST	27.9270	SCUDDER HIGH YIELD TAX	10/25/05		12.8300	(358.30)
REINVEST	29.4870	SCUDDER HIGH YIELD TAX	11/23/05		12.7800	(376.84)
REINVEST	1.1870	SCUDDER HIGH YIELD TAX	12/12/05		12.7800	(15.17)
REINVEST	30.9200	SCUDDER HIGH YIELD TAX	12/23/05		12.8200	(396.39)
REINVEST	7.5470	WILLIAM BLAIR INTL	12/15/05		24.7200	(186.57)
REINVEST	101.3050	WILLIAM BLAIR INTL	12/15/05		24.7200	(2,504.26)

Total Purchases/Adjustments - Mutual Funds $ **(7,448.65)**
Total Proceeds/Adjustments - Mutual Funds $ **0.00**

Investment Activity for 2005 - Totals

Total Purchases/Adjustments (Not Reported to the IRS): $ **(8,101.00)**
Total Proceeds/Adjustments (Not Reported to the IRS): $ **0.00**

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CHARLES SCHWAB

Account Statement
Retain for Your Records

Statement Period: October 1, 2005 to December 31, 2005
Last Statement: September 30, 2005

Schwab Independent Investing | Signature™

Rollover IRA
Account Number:

Page 1

LAWRENCE M LEHRNER
CHARLES SCHWAB & CO INC.CUST
IRA ROLLOVER
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Account Value Summary	
Cash & Sweep Money Market Funds	$ 0.00
Investments	$ 48,676.08
Total Account Value	**$ 48,676.08**

Change In Value Summary	
Change in Value Since September 30, 2005:	$ 1,978.80
Change in Value Since January 1, 2005:	$ 1,009.30

Investment Detail

Description	Symbol	Quantity Long/Short		Price	Market Value
Investments					
AMERICAN CENTURY ULTRA 0 FUND INV	TWCUX	1,617.6830	L	$ 30.0900	$ 48,676.08
	Total Account Value				**$ 48,676.08**

Transaction Detail

Settle Date	Trade Date	Transaction	Description	Quantity	Price	Total
Cash Activity						
12/13	12/13	Div For Reinvest	AMERICAN CENTURY ULTRA FUND INV			$ 57.52
Investments Activity						
12/13	12/13	Reinvested Shares	AMERICAN CENTURY ULTRA FUND INV	1.8600	$ 30.9300	$ (57.52)

Contribution Summary

	2004	2005
Traditional IRA	$ 0.00	$ 0.00
Year to Date Total:	**$0.00**	**$0.00**

Please see "Footnotes for Your Account" section for an explanation of the footnote codes and symbols on this statement.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
EXECUTIVE RESOURCE CENTER
2006 MAY 10 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

HOWARD L. BERMAN (Full Name)
2221 RAYBURN H.O.B. WASHINGTON, D.C. 20515 (Mailing Address)
202-225-4695 Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 28 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Howard L. Berman	5/10/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF CALIFORNIA	Legislative pension	4,936.44

For payments to charity in lieu of honoraria, use Schedule II.

Name HOWARD L. BERMAN | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
The Connell Company	Speech and discussion	6/13/05	$2,000.00

This page may be copied if more space is required.

Name HOWARD L. BERMAN | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X							P
DC, Examples:	Simon & Schuster			Indefinite																Royalties								X			
JT	1st Bank of Paducah, KY accounts						X									X									X						
	Providence Farming LPS			X	X										X									X							
	3627 W. 104th St. LLC				X										X								X								P
SP	Arabod Family Limited Partnership			X																	X										
	Abbott Labs			X										X								X									
	Amer. Int'l Group	X												X								X									S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 5 of 9

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Anadarko Petroleum			X									X									X										
	AT+T (formerly SBC)			X									X										X									
	Automatic Data Processing			X									X									X										
	Bellsouth Corp.			X									X										X									
	Burlington Northern Santa Fe			X									X									X										
	Great Spirits			X																	X											
	Coca Cola Co.			X									X									X										
	Dell Inc.			X																	X											
	El Paso Corp.			X									X									X										P
	Emerson Electric Co.			X									X									X										
	Exxon Mobil			X									X									X										
	Fannie Mae			X									X									X										
	General Electric			X									X									X										
	Illinois Tool Works			X									X									X										
	Intel			X									X									X										
	IBM			X									X									X										
	Johnson and Johnson			X									X									X										
	McDonalds Corp			X									X									X										
	Medtronic Inc.			X									X									X										
	Newmont Mining			X									X									X										P
	PPG Industries			X									X									X										
	Procter & Gamble			X									X									X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Raytheon			X										X								X										
	Sibra Pac Resources			X																	X											
	Sprint Nextel			X										X								X										
	State Street Corp.			X										X								X										
	Union Pacific Corp			X										X								X										
	VQM Technologies			X																	X											
	Vodafone Group			X										X								X										S
	Walt Disney			X										X								X										
	Wells Fargo			X										X								X										
	Wm. Wrigley Co			X										X								X										
	Petrochina			X																	X											
	Franklin Gold + Pac Metals			X																	X											P
	UBS Cash Money Market Fund			X											X						X		X									
	Phoenix Small Mid Cap Fund				X																X											
	Phoenix-Lazard Int'l Fund				X									X								X										
	Pimco Commodity Fund				X																X											
	Van Kampen Govt. Secs.				X											X							X									
	Calif. State GO Bond															X							X									
	Calif. State Public Works Bond															X						X										
	Rancho Mirage Ca. Redevelop. Bond															X							X									
	Yorba Linda Rev. Bond	X														X							X									S

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Name HOWARD L. BERMAN Page 7 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	3627 W. 104th St., LLC	X			4/8/05		X								
	Petrochina Co. LTD	X			12/29/05	X									
	El Paso Corp.	X			9/19/05	X									
	Franklin Gold + Precious Metals	X			12/29/05	X									
	Newmont Mining Co.	X			7/07/05	X									
	American Int'l Group		X		12/29/05	X									
	Comcast Corp.		X		12/29/05	X									
	Hewlett Packard Co.		X		12/29/05	X									
	Merck + Co.		X		12/29/05	X									
	Novell Inc.		X		12/29/05	X									
	Pfizer Inc.		X		12/29/05	X									
	Sierra Pac Resources New		X		7/7/05	X									
	Vodafone Group PLC		X		12/29/05	X									
	Yoma Finds Co. Hosp. Rev. Bond		X		12/01/05	X									

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Name HOWARD L. BERMAN | Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Revolving Credit Card											
	Discover		X									
	Congressional Federal Credit		X									
	Union Line of Credit - paid off 6/05.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Leader Project	2/25-27	LA - Jacksonville, Fla - Wash DC	Y	Y	Y	None
	The Aspen Institute	3/25-4/3	LA - China - LA	Y	Y	Y	None
	AIPAC	4/10	LA - San Diego - LA	N	Y	N	None
	The Aspen Institute	5/29-6/5	LA - Istanbul - Wash DC	Y	Y	Y	None
	The Aspen Institute	8/2-8/6	LA - Aspen Co. - LA	N	Y	Y	None
	The Connell Co.	6/3	Wash. DC - Berkeley NJ - Wash. DC	N	Y	N	None
	Institute of Jewish + Community Research	11/13-14	LA - Santa Barbara LA	Y	Y	Y	None

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HOWARD L. BERMAN
28TH DISTRICT, CALIFORNIA

COMMITTEE ON THE JUDICIARY
RANKING MEMBER, SUBCOMMITTEE ON COURTS, THE INTERNET AND INTELLECTUAL PROPERTY
SUBCOMMITTEE ON IMMIGRATION AND CLAIMS

COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEE ON THE MIDDLE EAST AND CENTRAL ASIA

Congress of the United States
House of Representatives

WASHINGTON OFFICE
Rayburn House Office Building
Washington, DC 20515-0528
202-225-4695

DISTRICT OFFICE
14546 Hamlin Street, Suite 202
Van Nuys, CA 91411-4128
818-994-7200

www.house.gov/berman

May 10, 2006

PAYMENTS TO CHARITIES

Monday, June 13, 2005

Participant at Seminar in Berkeley Heights, New Jersey
DONATION.....$2,000

1. $500,00.....United Jewish Fund
   United Jewish Fund Jewish
   Federation Council
   Post Office Box 54269
   Los Angeles, CA 90054-0269

2. $1,500.00.....Congregation Adat Ari El
   12020 Burbank Boulevard
   Valley Village, CA. 91607

HOWARD L. BERMAN
Member of Congress

9

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
2006 MAY 11 PM 5:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Robert Marion Berry
(Full Name)

2305 Rayburn
Washington, DC 20515
(Mailing Address)

202-225-4076
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert Marion Berry	5/11/06

Name	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CARMAR LOWE, INC. (SPOUSE)	SPOUSE DIRECTOR'S FEE	$1200.00
	MARMAN BERRY INC. (SPOUSE)	SPOUSE SALARY	$29,500.00
	MITCHELL BERRY, INC. (SPOUSE)	SPOUSE SALARY	$6500.00
	PECAN POST, INC. (SPOUSE)	" "	$15,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of ___

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500

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Name | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from *U.S. Government retirement programs*.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A		Block B		Block C						Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X										X									P
	Simon & Schuster		indefinite																	Royalties								X					
	1st Bank of Paducah, KY accounts						X									X									X								
SP	Marion Berry, Inc. NOTE 1						X													SALARY						X							
SP	Pecan Post, Inc. NOTE 2									X										SALARY					X								
SP	Carmar Line, Inc. NOTE 3						X													DIRECTOR FEE				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	RICELAND FOODS, INC. NOTE 4		X																		X											
	PLANTERS: MERCHANTS BANK OF GILLETT, AR NOTE 5				X									X							X											
	140 MAIN STREET, GILLETT, AR		X																		X											
	MARION BERRY, INC. PROFIT SHARING PLAN NOTE 6							X								X										X						
	PLANTERS: MERCHANTS BANK			X												X						X										
	MANY GROUP, INC.				X									X								X										
	JT RENTAL (4088 3RD ST., SE, WDC)							X							X												X					
	FARM BUREAU LIFE INS.			X												X						X										
	NOTE 1 - CLOSELY HELD FARMING CO., GILLETT, AR																															
	NOTE 2 - FARMLAND OWNERSHIP FOR RENTAL, DEWITT, AR																															
	NOTE 3 - FAMILY FARMLAND FOR RENTAL, GILLETT, AR																															
	NOTE 4 - FARM COOP PATRONAGE AND EQUITY, STUTTGART, AR																															
	NOTE 5 - BANK STOCK, GILLETT, AR																															
	NOTE 6 - TO MARION BERRY, INC. PROFIT SHARING PLAN																															
	A. MONEY MARKET STATMENTS INC AND COD PLANTERS BANK							X								X										X						

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SCHEDULE IV — TRANSACTIONS

Name	Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								

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Name	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of America	Mortgage, 408 3rd St, SE Wash. DC					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name	Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6-11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	AMERICANS UNITED TO PROTECT SOCIAL SECURITY	JUNE 17-20	WASH – DAYTON, OHIO – WASH – NEW ALBANY, IND – WASH	Y	Y	N	NONE

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Name	Page ... of ...

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR / SECRETARY (SPOUSE)	CARMAR LOWE, INC (SPOUSE)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/93	MARION BERRY, INC	RETENTION OF BENEFITS UNDER PROFIT SHARING PLAN
10/93	MARION BERRY, INC	RETURN TO EMPLOYMENT UPON LEAVING GOV'T OFFICE
10/93	CARMAR LOWE, INC	SPOUSE WILL CONTINUE AS DIRECTOR/SECRETARY OF CARMAR LOWE, INC.

GPO 2006 25-628 (mec)

Use additional sheets if more space is required.

MC 23

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Judy Biggert
(Full Name)

425 East Sixth Street Hinsdale, IL 60521
(Mailing Address)

202-225-3515
Daytime Telephone

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representative — State: IL District: 13	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	*Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?* **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	*Did you, your spouse, or a dependent child receive any reportable travel* or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the *current calendar year?* **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Judy Biggert	May 11, 2006

SCHEDULE I - EARNED INCOME

Name Judy Biggert

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Illinois	Legislative Pension	$13,964
Human Resources Advocates LLC	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Abbott Laboratories	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	ACLN LTD	None	None	NONE	
SP	Aflac	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Albany Molecular Research	None	None	NONE	
SP	Alberto Culver	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Allscripts Healthcare Solutions	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	American Pharmaceuticals	None	Other: Capital Loss	NONE	S
SP	American Pharmaceuticals	$1,001 - $15,000	None	NONE	P
SP	Amgen	$15,001 - $50,000	None	NONE	
SP	Amphenol Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Amphenol Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Automatic Data Processing	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Becton Dickinson	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Berkshire Hathaway	$15,001 - $50,000	None	NONE	
SP	Boston Private Bancorp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Choicepoint, Inc	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Choicepoint, Inc.	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Choicepoint, Inc.	$15,001 - $50,000	None	NONE	
SP	Church & Dwight	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Cintas Corp	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Cisco Systems, Inc.	$1,001 - $15,000	None	NONE	
JT	Citicorp	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Colgate-Palmolive	None	CAPITAL GAINS	$201 - $1,000	S
SP	Comcast Corp	$15,001 - $50,000	None	NONE	
SP	Constellation Brands, Inc	$15,001 - $50,000	None	NONE	
SP	Constellation Brands, Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Dentsply International	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Dr. Horton	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Factset Research Systems	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Fastenal Co	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	First Data Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Gannett Co Inc	None	Other:Capital Loss	$5,001 - $15,000	S
SP	General Electric Co	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Gentex Corp	None	CAPITAL GAINS	$2,501 - $5,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

	Harris Bank	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Harte-Hank Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Harte-Hank Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Health Management Assoc. Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Healthnet, Inc	$1,001 - $15,000	None	NONE	
SP	Henry Jack & Assoc	None	Other: Capital Loss	NONE	S
SP	Home Depot, Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Home Depot, Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Illinois Tool Works	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intel Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intermet Corp	None	None	NONE	
	Investiline/GK Properties	$100,001 - $250,000	Other:Distribution	$5,001 - $15,000	P
SP	Investors Finanacial Services	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Jefferson Pilot Corp	None	CAPITAL GAINS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Jefferson Pilot Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Jefferson Pilot Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Johnson & Johnson	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Johnson & Johnson	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	Kimberly Clark Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	L-3 Communications Holdings	None	CAPITAL GAINS	$201 - $1,000	S
SP	L-3 Communications Holdings	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Legg Mason	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Legg Mason	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Legg Mason	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Legg Mason	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	M & T Bancorp	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
SP	M & T Bancorp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	MBNA Corp	None	CAPITAL GAINS	$15,001 - $50,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	MBNA Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	MBNA Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	MBNA Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	MBNA Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	MBNA Corp	None	CAPITAL GAINS	$15,001 - $50,000	S
SP	Medco Health Solutions	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Medco Health Solutions	None	CAPITAL GAINS	$201 - $1,000	S
SP	Medco Health Solutions	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Medco Health Solutions	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Medtronic Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Merck & Co Inc	None	Other: capital loss	NONE	S
SP	Microsoft Corp	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
SP	Microsoft Corp.	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Neenhah	None	CAPITAL GAINS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Nextel Comm Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Nextel Communications Inc	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	Noble Intl LTD	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Nuvasive Inc.	$15,001 - $50,000	None	NONE	
SP	Oracle Corp	$15,001 - $50,000	None	NONE	
SP	Patterson Dental Co (Patterson COS)	$15,001 - $50,000	None	NONE	
SP	Paychex Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Pepsico	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Perficient Inc	$1,001 - $15,000	None	NONE	P
SP	Petro Canada	None	CAPITAL GAINS	$201 - $1,000	S
SP	Pfizer	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Pfizer	None	Other: Capital Loss	NONE	S
SP	Pimco Commodity	$50,001 - $100,000	DIVIDENDS	$15,001 - $50,000	P
SP	Prima Energy Corp	None	CAPITAL GAINS/None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Principal Financial Services	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Quest Diagnostics Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Quest Diagnostics Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Quest Diagnostics Inc	None	CAPITAL GAINS	$2,501 - $5,000	S
	Residence, 421 First Street, S.E., Washington, D.C.	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
SP	Royal Dutch Petro Corp	None	/None	NONE	
SP	*Sanofi-Aventis*	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Scansource Inc	$15,001 - $50,000	None	NONE	
SP	Scansource Inc.	$1,001 - $15,000	None	NONE	P
SP	SEBC Intl	$1,001 - $15,000	DIVIDENDS	$5,001 - $15,000	P
SP	SEBC Intl	None	Other: Capital Loss	NONE	S
SP	Southtrust Corp	None	CAPITAL GAINS	$1 - $200	S
SP	Southwest Water Co	None	DIVIDENDS	$201 - $1,000	S
SP	*State Street Corp*	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	State Street Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	State Street Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Stryker Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Suncor Energy Inc	$15,001 - $50,000	None	NONE	
SP	Suntrust Banks Inc	None	CAPITAL GAINS	$1 - $200	S
SP	Synovus Finl Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Synovus Finl Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Techne Corp	$15,001 - $50,000	None	NONE	
SP	Techne Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Techne Corp	None	CAPITAL GAINS	$201 - $1,000	S
SP	Transcanada	$15,001 - $50,000	None	NONE	
SP	United Parcel Service	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	United Parcel Service MTN BE	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	Vanguard Inflation Protect Sec	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Vanguard ST Bond Index Admiral	$250,001 - $500,000	INTEREST	$15,001 - $50,000	P
SP	Vanguard ST Investment Grade Admiral	None	Other: Capital Loss	NONE	S
SP	Vanguard ST Invt grade Admiral	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Vanguard ST Treasury Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Vodafone Group PLC	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Walgreen Company	None	CAPITAL GAINS	$50,001 - $100,000	S
	Walgreen Company	None	CAPITAL GAINS	$100,001 - $1,000,000	S
	Walgreen Company	None	CAPITAL GAINS	$1,001 - $2,500	S
	Walgreen Company	None	CAPITAL GAINS	$5,001 - $15,000	S
	Walgreen Company	$1,000,001 - $5,000,000	DIVIDENDS	$5,001 - $15,000	
	Walgreen Company Profit Sharing	$100,001 - $250,000	Other: distribution	$15,001 - $50,000	
SP	Wells Fargo & Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Westminster Fund III Real Estate	$50,001 - $100,000	RENT/INTEREST /Other: Distribution	$5,001 - $15,000	
	Westminster Fund IV	$50,001 - $100,000	Other: Distribution/RENT /INTEREST	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Wiley John & Sons Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Wiley John & Sons Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Xilinx Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Zebra Technologies	None	Other:Capital Loss	NONE	S
SP	Zimmer Holdings	$15,001 - $50,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Choicepoint, Inc	S	2-17-05	$1,001 - $15,000
SP	Church & Dwight	P	2-14-05	$1,001 - $15,000
SP	Constellation Brands, Inc	S	7-01-05	$1,001 - $15,000
SP	Colgate-Palmolive	S	1-28-05	$15,001 - $50,000
SP	Dr. Horton	P	10-28-05	$15,001 - $50,000
SP	Dentsply International	P	04-05-05	$15,001 - $50,000
SP	Harte-Hank Inc	S	01-06-05	$1,001 - $15,000
SP	Home Depot, Inc	S	1-06-05	$1,001 - $15,000
SP	Jefferson Pilot Corp	S	10-12-05	$1,001 - $15,000
SP	Jefferson Pilot Corp	S	12-29-05	$1,001 - $15,000
SP	Johnson & Johnson	S	1-06-05	$50,001 - $100,000
SP	Legg Mason	S	6-27-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	M & T Bancorp	S	1-10-05	$15,001 - $50,000
SP	MBNA Corp	S	7-06-05	$15,001 - $50,000
SP	MBNA Corp	S	9-15-05	$1,001 - $15,000
SP	MBNA Corp	S	9-29-05	$1,001 - $15,000
SP	MBNA Corp	S	11-22-05	$1,001 - $15,000
SP	Medco Health Solutions	S	5-31-05	$1,001 - $15,000
SP	Medco Health Solutions	S	5-31-05	$1,001 - $15,000
SP	Medco Health Solutions	S	5-31-05	$1,001 - $15,000
SP	Microsoft Corp.	S	9-15-05	$1,001 - $15,000
SP	Noble Intl LTD	P	7-21-05	$1,001 - $15,000
SP	Pepsico	P	1-26-05	$15,001 - $50,000
SP	Perficient Inc	P	10-31-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Pfizer	S	6-09-05	$1,001 - $15,000
SP	Pimco Commodity	P	11-04-05	$1,001 - $15,000
SP	Principal Financial Services	P	1-19-05	$50,001 - $100,000
SP	Quest Diagnostics Inc	S	1-20-5	$1,001 - $15,000
SP	Quest Diagnostics Inc	S	6-08-05	$1,001 - $15,000
SP	SEBC Intl	P	01-03-05	$1,001 - $15,000
SP	SEBC Intl	S	12-23-05	$1,001 - $15,000
SP	Synovus Finl Corp	S	1-24-05	$1,001 - $15,000
SP	Techne Corp	S	4-15-05	$1,001 - $15,000
SP	Vanguard ST Bond Index Admiral	P	11-04-05	$250,001 - $500,000
SP	Wiley John & Sons Inc	S	7-15-05	$1,001 - $15,000
	Walgreen Company	S	1-3-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Walgreen Company	S	1-28-05	$1,001 - $15,000
	Walgreen Company	S	4-6-05	$100,001 - $250,000
	Walgreen Company	S	4-29-05	$50,001 - $100,000
SP	American Pharmeceuticals	P	07-07-05	$1,001 - $15,000
SP	American Pharmaceuticals	S	11-29-05	$1,001 - $15,000
	Investiline/GK Properties	P	5-10-05	$100,001 - $250,000
SP	MBNA Corp	S	4-18-05	$15,001 - $50,000
SP	MBNA Corp	S	4-21-05	$15,001 - $50,000
SP	Medco Health Solutions	S	4-14-05	$1,001 - $15,000
SP	Techne Corp	S	8-09-05	$1,001 - $15,000
SP	Alberto Culver	P	4-28-05	$15,001 - $50,000
SP	Amphenol Corp	S	1-27-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Choicepoint, Inc	S	2-22-05	$1,001 - $15,000
SP	Gannett Co Inc	S	9-15-05	$1,001 - $15,000
SP	Gentex Corp	S	7-21-05	$1,001 - $15,000
SP	Henry Jack & Assoc. Inc	S	3-30-05	$15,001 - $50,000
SP	Kimberly Clark Corp	S	9-15-05	$1,001 - $15,000
SP	Legg Mason	S	5-04-05	$1,001 - $15,000
SP	Legg Mason	S	7-26-05	$1,001 - $15,000
SP	Merck & Co Inc	S	1-03-05	$1,001 - $15,000
SP	Petro Canada	S	1-12-05	$1,001 - $15,000
SP	Scansource Inc	P	4-11-05	$1,001 - $15,000
SP	Southtrust Corp	S	1-13-05	$1,001 - $15,000
SP	Southwest Water Co	S	9-15-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	State Street Corp	S	9-15-05	$1,001 - $15,000
SP	State Street Corp	S	9-15-05	$1,001 - $15,000
SP	Suntrust Banks Inc	S	1-19-05	$1,001 - $15,000
SP	Vanguard ST Investment Grade Admiral	S	1-27-05	$15,001 - $50,000
SP	Zebra Technologies	S	4-14-05	$1,001 - $15,000
SP	Allscripts Healthcare Solutions	P	5-05-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Judy Biggert

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citi Mortgage, Columbus, Ohio	Mortgage on 421 First Street, S.E., Washington, DC	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Judy Biggert

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Kennedy School of Government, Harvard Univ.	10-17-05	Wash, DC--Boston--Wash, DC	N	N	N	0

SCHEDULE IX - AGREEMENTS

Name Judy Biggert

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/98	*Illinois General Assembly Vested Pension Plan*	Payable Monthly

FOOTNOTES

Name Judy Biggert

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Mistakenly reported as an asset with value in 2004, despite fact that it had been sold.	Allscripts Healthcare Solutions
2	Schedule III	Mistakenly reported as an asset with value in 2004, despite fact that it had been sold.	Prima Energy Corp
3	Schedule III	Mistakenly reported as an asset with value in 2004, despite fact that it had been sold.	Royal Dutch Petro Corp

JUDY BIGGERT
12TH DISTRICT, ILLINOIS

COMMITTEES:
EDUCATION AND THE WORKFORCE
FINANCIAL SERVICES
SCIENCE
STANDARDS OF OFFICIAL CONDUCT

Congress of the United States
House of Representatives
Washington, DC 20515–1313

WASHINGTON, DC OFFICE:
1317 LONGWORTH HOUSE OFFICE BUILDING
(202) 225-3515
FAX: (202) 225-9420

ILLINOIS OFFICE:
6262 SOUTH ROUTE 83
SUITE 305
WILLOWBROOK, IL 60527
(630) 655-2052
FAX: (630) 655-1061

http://judybiggert.house.gov

May 19, 2006

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 19 PM 4:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(3)

To: Clerk of the House

From: Judy Biggert, MC

Re: 2005 Financial Disclosure Correction

Two assets, Principal Financial Services and Pimco Commodity, were mistakenly transposed on my 2005 Financial Disclosure statement.

Please note that on Schedule III, page 10, the value of Principal Financial Services was $15,001-50,000, and income from dividends was $201-1000.

On Schedule IV, page 16, please note that the purchase date for Principal Financial Services was June 27, 2005, and the value of the transaction was $1,001-15,000. Pimco Commodity was purchased on January 19, 2005, transaction value $50,001-100,000 and purchased on November 4, 2005, transaction value $1,001-15,000.

PRINTED ON RECYCLED PAPER

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Principal Financial Services	~~$1,001 - $15,000~~ $15001-50000	DIVIDENDS	~~$1 - $200~~ $201-1000	P
SP	Quest Diagnostics Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Quest Diagnostics Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Quest Diagnostics Inc	None	CAPITAL GAINS	$2,501 - $5,000	S
	Residence, 421 First Street, S.E., Washington, D.C.	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
SP	Royal Dutch Petro Corp	None	/None	NONE	
SP	Sanofi-Aventis	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Scansource Inc	$15,001 - $50,000	None	NONE	
SP	Scansource Inc.	$1,001 - $15,000	None	NONE	P
SP	SEBC Intl	$1,001 - $15,000	DIVIDENDS	$5,001 - $15,000	P
SP	SEBC Intl	None	Other: Capital Loss	NONE	S
SP	Southtrust Corp	None	CAPITAL GAINS	$1 - $200	S
SP	Southwest Water Co	None	DIVIDENDS	$201 - $1,000	S
SP	State Street Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

CHEDULE IV - TRANSACTIONS

Name Judy Biggert

eport any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, r other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a ansaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Pfizer	S	6-09-05	$1,001 - $15,000
SP	Pimco Commodity	P P	11-04-05 1-19-05	$1,001 - $15,000 $50001 - 100000
SP	Principal Financial Services	P	~~4-18-05~~ 6-27-05	~~$50,001 - $100,000~~ $1001 - 15000
SP	Quest Diagnostics Inc	S	1-20-5	$1,001 - $15,000
SP	Quest Diagnostics Inc	S	6-08-05	$1,001 - $15,000
SP	SEBC Intl	P	01-03-05	$1,001 - $15,000
SP	SEBC Intl	S	12-23-05	$1,001 - $15,000
SP	Synovus Finl Corp	S	1-24-05	$1,001 - $15,000
SP	Techne Corp	S	4-15-05	$1,001 - $15,000
SP	Vanguard ST Bond Index Admiral	P	11-04-05	$250,001 - $500,000
SP	Wiley John & Sons Inc	S	7-15-05	$1,001 - $15,000
	Walgreen Company	S	1-3-05	$1,001 - $15,000

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 3:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

Michael Bilirakis, M.C.
(Full Name)

2408 Raybum HOB Washington, DC 20515
(Mailing Address)

202-225-5755
Daytime Telephone:

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representatives State: FL District: 09 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

US $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael Bilirakis	5/10/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Billirakis, M.C.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	3 Com/Palm - IRA	$1 - $1,000	NONE	NONE	S (partial sale)
JT	A. G. Edwards -Centennial Money Market	$1 - $1,000	Interest	$1 - $200	
	A.G. Edwards-Centennial Money Market - IRA	$1 - $1,000	Interest	$1 - $200	
SP	A.G.Edwards Centennial Money Market -IRA	$1,001 - $15,000	Interest	$1 - $200	
SP	AIG - IRA Variable Annuity	$50,001 - $100,000	None	$2,501 - $5,000	Required withdrawal
	AIG- IRA Variable Annuity	$100,001 - $250,000	None	$5,001 - $15,000	Required withdrawal

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M.C.

JT	Bank America (CDs & Savings)	$50,001 - $100,000	Interest	$1,001 - $2,500	
JT	Cellstar - Stock	None	NONE	NONE	S
JT	Circle Group Holdings	$1,001 - $15,000	None	NONE	P (add'l shares)
SP	Circle Group Holdings	$1,001 - $15,000	None	NONE	P
	Circle Group Holdings - IRA	$1,001 - $15,000	None	NONE	P (add'l shares)
SP	Circle Group Holdings - IRA	$1,001 - $15,000	None	NONE	P (add'l shares
JT	Cisco - Stock	$1,001 - $15,000	None	NONE	
SP	Concord Camera - Stock - IRA	None	NONE	NONE	S
JT	Cong. Fed. Credit Union (Checking, Savings)	$1,001 - $15,000	Interest	$1 - $200	
JT	Corning Stock	$15,001 - $50,000	NONE	NONE	
SP	Corning Stock -IRA	$1,001 - $15,000	NONE	NONE	S (100shares)
JT, SP	DSL Net - Stock	None	NONE	NONE	S
JT	Emerson Radio Stock	None	NONE	NONE	S
SP	Empty lot (1/2) Athens & Pinellas Street, Tarpon Springs, FL	$15,001 - $50,000	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M.C.

SP	FL Bancshares - Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Ford Motor Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P (add'l shares)
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Hartford (formerly Fortis Securities)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Health Axis	$1 - $1,000	NONE	NONE	
JT	House (previous residence), 304 Driftwood Dr., Palm Harbor, FL	$250,001 - $500,000	RENT	$5,001 - $15,000	
JT	IBM - Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	IBM - Stock - IRA	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP, JT	Lots (unimproved), Mill St, Tarpon Springs, FL (1/2 interest)	$50,001 - $100,000	RENT	$201 - $1,000	
JT	MSDW Liquid Asset Fund (Dreyfus)	$1,001 - $15,000	INTEREST	$1 - $200	
	NY Life Variable Annuity	$15,001 - $50,000	None (N/A)	NONE (N/A)	
JT	Oppenheimer MSIG - Class B Fund	$1,001 - $15,000	Dividends	$1 - $200	
JT	Patriot Bank Stock (inadvertently omitted on 2004 Fin Disc report when purchase was made on 7-21-04)	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M.C.

SP	Prudential Financial	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Prudential Financial	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Raymond James - Heritage Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Raymond James - Heritage Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Raymond James - Heritage Cash Fund - IRA	$1 - $1,000	INTEREST	$1 - $200	
JT	Scudder Municipal Fund (formerly Kemper Mun. Bond Fund)	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	South Financial Group - Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Suburban Propane - Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S (partial sale)
JT, SP	SunTrust Bank (CD, Savings, Stock)	$50,001 - $100,000	INTEREST/DIVIDENDS	$2,501 - $5,000	
JT	Synovus Bank (formerly Peoples FL Banking Corp) - Stock, Savings, CDs	$50,001 - $100,000	INTEREST & Merger Cash	$1,001 - $2,500	
JT	Tech Data - Stock	$1,001 - $15,000	NONE	NONE	
JT	TECO - Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
JT	Terremark Stock	None	NONE	NONE	S
SP	Time Warner	None	NONE	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M.C.

SP	Time Warner - IRA (formerly AOL)	None	NONE	NONE	S
SP	TV Azteca - IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	TV Azteca - Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	TV Azteca- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	U.S. Bank - Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Wachovia (CD)	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Wells Fargo - Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Michael Bilirakis, M.C.

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Circle Group Holdings - IRA	P	6-22-05 & 6-23-05	$1,001 - $15,000
	Circle Group Holdings - IRA	P	6-22-05 & 6-23-05	$1,001 - $15,000
JT	Circle Group Holdings	P	6-22-05 & 6-23-05	$1,001 - $15,000
SP	3 Com/Palm - IRA	S	11-16-05 & 11-23-05	$1 - $1,000
	AIG - IRA Variable Annuity (Required withdrawal)	Other	12-05	$1,001 - $15,000
SP	AIG - IRA Variable Annuity (Required withdrawal)	Other	12-05	$1,001 - $15,000
JT	TECO - Stock	P	8-30-05	$15,001 - $50,000
SP	Concord Camera - Stock	S	12-5-05	$1-$1,000
JT	Emerson Radio - Stock	S	6-22-05	$1,001 - $15,000
SP	Corning - Stock - IRA	S	12-05	$1,001 - $15,000
JT	Suburban Propane - Stock	S	7-05	$15,001 - $50,000
JT	Terremark - Stock	S	6-22-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael Billirakis, M.C.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Time Warner - Stock - IRA	S	6-22-05	$1,001 - $15,000
JT	Cellstar	S	11-23-05	$1 - $1,000
JT	DSL Net - Stock	S	11-23-05	$0
SP	DSL Net - Stock	S	11-23-05	$0
JT	Oldsmar Galleria, St. Petersburg Dr., Oldsmar, FL - pre-construction contract to purchase one unit	P	12-8-05	$50,001 - $100,000
JT	Ford Motor - Stock	P	5-5-05	$1,001 - $15,000
SP	Time Warner	S	6-22-05	$1,001 - $15,000
SP	Circle Group Holdings	P	6-22-05	$1,001 - $15,000
JT	Patriot Bank Stock (inadvertently omitted on 2004 Fin Disc report)	P	7-21-04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Michael Bilirakis, M.C.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Endorser - Mortgage on 4538 Bartelt Rd., Holiday, FL (Law Bldg)	$15,001 - $50,000
JT	Homeside Mortgage	Mortgage on former home - now rental (304 Driftwood Dr., Palm Harbor, FL)	$100,001 - $250,000
	Northwestern Mutual	Cash value loan on life insurance	$50,001 - $100,000
	Southeast Financial	Personal Loan	$15,001 - $50,000
JT	AmSouth Bank	Equity Line	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael Billirakis, M.C.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Hellenic Council	March 4-7	DC-Los Angeles-DC	Y	Y	Y	1 Day
National Association of Broadcasters	April 15-18	DC-Las Vegas-DC	Y	Y	Y	None
American Hellenic Educational Progressive Association	July 22-24	DC-Boston-DC	Y	Y	Y	None
Blinded Veterans Association	Aug. 16-17	Tampa-Miami-Tampa	N	N	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 5:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Robert William Bishop
(Full Name)

74 N 300 E Brigham City, UT 84302
(Mailing Address)

202-225-0453
Daytime Telephone:

(Office Use Only)
HAND-DELIVERED
A $ will be assessed against anyone who files more than 30 days late.

Filer Status: ☑ Member of the U.S. House of Representative — State: UT District: 01 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		MAY 15, 2006

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Utah State Retirement System	Educator Pension	$25,651.15
Box Elder School District	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Bishop

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Invesco	$1,001 - $15,000	None	NONE	
JT	Barnes Bank Accounts	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE V - LIABILITIES

Name Robert William Bishop

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	MBNA America	Credit Card	$15,001 - $50,000
	Chase	Credit Card	$15,001 - $50,000
	Bank of America	Credit Card	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Feb. 3-5	Wash, DC--Baltimore, MD--Wash, DC	Y	Y	N	0
US Assoc of Former Member of Congress - German Study Group	Mar. 18-24	Wash, DC--Berlin, Germany--Frankfurt, Germany--Wash, DC	Y	Y	Y	0
German Marshall Fund	Jul. 2-8	Salt Lake City, UT--Berlin, Germany--Elmau, Germany--Salt Lake City, UT	Y	Y	Y	0
American Israel Education Foundation	Aug. 21-26	Salt Lake City, UT--Israel--Salt Lake City, UT	Y	Y	Y	0

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

Sanford D. Bishop, Jr.
(Full Name)

2429 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-3631
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: GA — District: 02 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts– Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sanford D. Bishop Jr.	June 7, 2006

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SCHEDULE I - EARNED INCOME

Name Sanford D. Bishop, Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Consolidated Government of Columbus, Georgia	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Lot 24A Lakemont Heights, Hartwell, Ga.	$1,001 - $15,000	None	NONE	N/A
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	AmSouth Bank,NA, Mobile,Alabama	$1,001 - $15,000	INTEREST	$1 - $200	N/A
**Jt	House and lot at 311 Yates St., Starkville,, Ms.	$15,001 - $50,000	RENT	NONE	N/A
**Jt	Merrill Lynch CMA Account	$15,001 - $50,000	Dividends	NONE	N/A
	Wachovia Securities(Formerly Prudential Securities)/Dryden Municipal Bonds	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr.

	AmSouth Bank,NA, Mobile,Alabama	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	AmSouth Bank,NA, Mobile, Alabama	$15,001 - $50,000	INTEREST	$1 - $200	N/A
	SunTrust Bank,NA, Columbus, Georgia Money Market	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	Sun Trust Bank, NA, Columbus, Georgia Savings	$1,001 - $15,000	INTEREST	$1 - $200	N/A
SP	House and lot at 908 Illges Rd., Columbus, Ga.	$50,001 - $100,000	RENT	$5,001 - $15,000	N/A
	Legislative Retirement System of Ga., 2 Northside 75, Atlanta, Ga. 30318	$1,001 - $15,000	Pension	NONE	N/A
**	Income to Joint Tenant				

SCHEDULE V - LIABILITIES

Name Sanford D. Bishop, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	Revolving Charge Account	$10,001 - $15,000
	U.S. House of Representatives Thrift Savings	Loan for Down Payment on D.C. Residence	$15,001 - $50,000
SP	Household Finance Co.	Mortgage on 908 Iiges Rd>, Columbus, Ga.	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Sanford D. Bishop, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Days not at sponsor's expense
University of the West Indies School of Law	Aug. 31-Sept. 1	Atlanta, Ga.-Miami, Fl.-Atlanta, Ga.	Y	Y	Y	N/A
Congressional Black Caucus Institute	Aug. 11-14	Atlanta, Ga.-Jackson, Ms. and Return	Y	Y	Y	N/A
The New York CaribNews	Nov. 10-13	Wash. D.C.-St. Thomas, Virgin Islands and Return	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Sanford D. Bishop, Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Tubman African-American Museum, Macon, Ga.
Board Member	William H. Spencer Golden Owlettes, Columbus, Ga.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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4
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2006 MAY 11 PM 2:13
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

TIMOTHY H. BISHOP
(Full Name)

129 WOOLEY STREET
(Mailing Address)

SOUTHAMPTON NY 11968 (202)225-3836
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒ No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☒	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☒

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
***I CERTIFY** that the statements I have made on this form* and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tim Bi	4/24/06

Name BISHOP TIMOTHY H. | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LONG ISLAND UNIVERSITY	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
JT	TIAA - CREFF								X																							
JT	MET-LIFE INSURANCE			X																												

For additional assets and unearned income, use next page.

Name TIMOTHY H. BISHOP Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CITI BANK ADVANTAGE *	CREDIT CARD		X								
	MBNA MASTER CARD *	CREDIT CARD		X								
	FIRST USA *	CREDIT CARD		X								
	* PAID OFF, AUGUST 2004											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
[redacted]		
ROBERT + LAURA SILLERMAN	TUITION + FEES, ROOM + BOARD EXPENSES	$12,812
NEW YORK, NY.	SPRING 2004 TERM	

Use additional sheets if more space is required.

TIMOTHY H. BISHOP
1ST DISTRICT, NEW YORK

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

COMMITTEE ON EDUCATION AND THE WORKFORCE

Congress of the United States
House of Representatives
Washington, DC 20515–3201

1133 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3826
FAX: (202) 225-3143

3680 ROUTE 112, SUITE C
COAM, NY 11727
(631) 896-6500
FAX: (631) 896-4520

www.house.gov/timbishop

(2)

June 12, 2006

The Honorable Karen Hass
Clerk, United States House of Representatives
United States Capitol, Room H154
Washington, DC 20515-6601

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 JUN 14 AM 10:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Dear Karen,

I am writing in regard to the recent filing of my Financial Disclosure Statement for Calendar Year 2005. I would like to submit a revised Schedule III form to more specifically reflect the investment of my and my spouse's retirement funds in TIAA-CREF. Please accept this new Schedule III in place of the one previously submitted. Thank you very much for your help with this matter. If you have any questions, or should you need any additional information, please do not hesitate to contact me.

Sincerely,

Tim Bishop
Member of Congress

Name TIMOTHY H. BISHOP | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	Block E: P, S, E
SP	Mega Corp. Stock					X								X										X									P
DC	Simon & Schuster			Indefinite																Royalties									X				
JT	1st Bank of Paducah, KY accounts						X									X										X							
	TIAA Traditional Account							X													X												
	CREF Stock Account							X													X												
SP	TIAA Traditional Account				X																X												
SP	CREF Stock Account				X																X												
JT	Met-Life Insurance			X												X						X											

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
9
LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 5:25
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MARSHA W BLACKBURN
(Full Name)

6103 MURRAY LANE
(Mailing Address)

BRENTWOOD TN 37027

Daytime Telephone: 615-330-2673

Filer Status	☑ Member of the U.S. House of Representatives — State: TN District: 7TH	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☑ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and *correct to the best of my knowledge and belief.*	Marsha Blackburn	5/12/06

Name MARSHA W. BLACKBURN | Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ENCORE INTERACTIVE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name MARSHA W. BLACKBURN Page ___ of ___

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
NONE	NONE	NA	NA

This page may be copied if more space is required.

Name Marsha Blackburn | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; *any financial interest in or income derived from* U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	CUMBERLAND BANK			X												X						X										
SP	MORGAN STANLEY ACCT					X								X		X	X						X									
SP	AMERICAN SKANDIA				X												X								X							
	AMERICAN SKANDIA					X											X									X						
	BANK OF AMERICA				X									X		X	X				X											
	NATIONAL FINANCIAL SERVICES				X											X	X				X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jonathan Blackburn | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Investors Town Center Partners			✓												✓				✓											P

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Name MARSHA W. BLACKBURN | Page — of —

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type			Date	Amount of Transaction										
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
SP	INVESTORS TOWN CENTER PARTNERS	X			11/18/05	X									
~~SP~~	~~BNG LIMITED PARTNERSHIP~~														

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Name MARSHA W. BLACKBURN | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	AMERICAN EXPRESS	REVOLVING CHARGE CARD	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more space is required.

Name MARSHA W. BLACKBURN | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	FREEDOMWORKS FOUNDATION	10/11/05-10/12/05	WASH DC-CHARLOTTESVILLE VA - NASHVILLE, TN	Y	Y	N	NONE
	PROGRESS + FREEDOM	8/22/05-8/23/05	NASH, TN - ASPEN, CO - NASHVILLE, TN	Y	Y	N	NONE
	CLUB FOR GROWTH ASSOCIATION	3/11/05-3/13/05	WASH, DC - FORT MEYERS, FL - DALLAS, TX	Y	Y	Y	1 DAY
	NATIONAL LABEL TELEVISION	4/2/05-4/4/05	NASH, TN - SAN FRANCISCO - WASH, DC	Y	Y	Y	NONE
	EXCALIBUR CLASSIC INC ASSOCIATION	4/16/05-4/18/05	NASH, TN - PALM BEACH, FL - WASHINGTON, DC	Y	Y	Y	NONE
	ELECTRONIC RETAILING	9/18/05-9/20/05	NASHVILLE, TN - LAS VEGAS, NV - WASH. DC	Y	Y	Y	NONE

This page may be copied if more space is required.

Name MARSHA W. BLACKBURN | Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2006 25-628 (mac)

Use additional sheets if more space is required.

EARL BLUMENAUER
THIRD DISTRICT, OREGON

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
HIGHWAYS, TRANSIT AND PIPELINES
WATER RESOURCES AND ENVIRONMENT
RAILROADS

INTERNATIONAL RELATIONS
SUBCOMMITTEES:
ASIA AND THE PACIFIC
EUROPE

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2006 MAY 23 PM 12:48

Congress of the United States
House of Representatives
Washington, DC 20515-3703

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WASHINGTON, DC 20515
(202) 225-4811
FAX: (202) 225-9941

DISTRICT OFFICE
729 N.E. OREGON STREET
SUITE 115
PORTLAND, OR 97232
(503) 231-2300
www.house.gov/blumenauer

MAY 15 2006
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May 15, 2006

(14)

Committee on Standards of Official Conduct

Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

MC

Enclosed is my Financial Disclosure Statement for 2005. Please note that between July and December, my wife and I liquidated and repurchased assets to transition to a single money manager for all of our funds.

You will also note that some funds were gifted. Assets of three stocks representing a transfer of $50,000-$100,000 were given to establish a "family fund" with the Oregon Community Foundation.

Sincerely,

Earl Blumenauer

Earl Blumenauer
Member of Congress

PRINTED ON RECYCLED PAPER

EARL BLUMENAUER
THIRD DISTRICT, OREGON

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
HIGHWAYS, TRANSIT AND PIPELINES
WATER RESOURCES AND ENVIRONMENT
RAILROADS

INTERNATIONAL RELATIONS
SUBCOMMITTEES
ASIA AND THE PACIFIC
EUROPE

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Congress of the United States
House of Representatives
Washington, DC 20515-3703

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WASHINGTON, DC 20515
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FAX (202) 225 8941

DISTRICT OFFICE
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SUITE 135
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U.S. HOUSE OF REPRESENTATIVES

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Sincerely,

Earl Blumenauer

Earl Blumenauer
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

MAY 15 2006
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Earl Blumenauer
(Full Name)

2446 Rayburn Washington, DC 20515
(Mailing Address)

(202)225-4811
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State: OR District: 03	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Earl Blumenauer	May 15, 2006

SCHEDULE I - EARNED INCOME

Name Earl Blumenauer

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Public Employees Retirement System, Oregon	Pension	$32,000
Northwest Natural Gas	Spouse Salary	N/A
Stoel Rives	Spouse Partnership Income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Aetna Fixed Plus Account	None	DIVIDENDS	$2,501 - $5,000	S
	Ariel Growth Fund	$15,001 - $50,000	DIVIDENDS	NONE	P
	Calvert Social Balanced	None	DIVIDENDS	$201 - $1,000	S
	Campbell-Nob Hill NW 23rd and Hoyt Portland, OR	$100,001 - $250,000	RENT	$15,001 - $50,000	
SP	Citizens Small Cap Core Growth Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Citizens Small Cap Core Growth Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

SP	Columbia Fixed Income Securities	None	DIVIDENDS	$1,001 - $2,500	S
	Congressional Credit Union	$15,001 - $50,000	INTEREST	$201 - $1,000	
	DFA Intl. Small Company Portfolio Fund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P
SP	DFA US Large Cap Value	$15,001 - $50,000	DIVIDENDS	NONE	P
	Duplex 510 6th Street SE Washington, DC	$500,001 - $1,000,000	Rent	$15,001 - $50,000	
SP	Europacific Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Glisan Street Apts. 1701 NW Glisan Portland, OR	$15,001 - $50,000	RENT	$2,501 - $5,000	
SP	Ishares KLD Select Social Fund	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
	Ishares KLD Select Social Fund	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
	Japan Fund (Scudder)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Johnson and Johnson	None	DIVIDENDS	$1,001 - $2,500	S
SP	Legg Mason American Leading Companies Trust	None	DIVIDENDS	$2,501 - $5,000	S
	Madrone/Acacia Apartments 3701-3705 SE 37th Place Portland, OR	$250,001 - $500,000	Rent	$15,001 - $50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	MFS Cap. Opp.	None	DIVIDENDS	$2,501 - $5,000	S
	Mutual Discovery	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	S
	Nordel-Mitchel 629 SE Morrison Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Nordel-Nordel 2166 NW Irving Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Oppenheimer Global	None	DIVIDENDS	$201 - $1,000	S
	Pax World High Yield Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Pax World High Yield Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	PIMCO Foreign Bond	$15,001 - $50,000	DIVIDENDS	NONE	P
	PIMCO Foreign Bond Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	PIMCO Total Return III Fund	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
	PIMCOTotal Return III Fund	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	P
	Portfolio 21	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	P
SP	Portfolio 21	$15,001 - $50,000	DIVIDENDS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	Portland Teachers Credit Union -Name changed to OnPoint Community Credit Union	$50,001 - $100,000	INTEREST	$201 - $1,000	
	Powell Gardens 3410 SE 33rd Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Raleigh Fireside 5557 SW Scholls Ferry Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	P
	Schwab 1000	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Schwab Money Market	$1,001 - $15,000	INTEREST	$1 - $200	
	Schwab Premier Equity Select Shares	None	DIVIDENDS	$201 - $1,000	P, S
	Schwab Small Cap	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	SEI Emerging Markets Debt	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	SEI Emerging Markets Debt	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
SP	SEI Emerging Markets Equity	$15,001 - $50,000	DIVIDENDS	NONE	P
	SEI Emerging Markets Equity Fund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P
	SNXFX Sector SPDR Tech Select Shares	None	DIVIDENDS	$1 - $200	S
	Solomon Bro. Aggressive Growth	None	DIVIDENDS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

SP	Stoel Rives Retirement Trust	$100,001 - $250,000	NA	NA	
	T. Rowe Price New Asia Fund	None	DIVIDENDS	$1,001 - $2,500	S
	Townhouse 2441 NE Weidler Portland, OR	$100,001 - $250,000	None	NONE	
SP	Vacation House in Deer Isle, Maine - 1/2 Interest	$100,001 - $250,000	NA	NONE	
	Vanguard Short Term Inv. Grade	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Vanguard Short Term Inv. Grade	$15,001 - $50,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Calvert Social Balanced	S	7-7-05	$1,001 - $15,000
	Oppenheimer Global	S	7-7-05	$15,001 - $50,000
	Japan (Scudder) Fund	Gift	11/3/05	$1,001 - $15,000
	MFS Cap. Opp.	S	7-26-05	$15,001 - $50,000
	Mutual Discovery	S	7-26-05	$100,001 - $250,000
	Schwab 1000	Gift	11-3-05	$15,001 - $50,000
	Schwab Small Cap	Gift	11-3-05	$1,001 - $15,000
	SNXFX Sector SPDR Tech Select Shares	S	7-26-05	$1,001 - $15,000
	Solomon Bro. Aggressive Growth	S	7-26-05	$1,001 - $15,000
SP	Stoel Rives Retirement Trust	S	10-31-05	$500,001 - $1,000,000
	Raleigh Fireside 5557 SW Scholls Ferry Portland, OR	P	1-15-05	$50,001 - $100,000

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Johnson and Johnson	S	11-21-05	$15,001 - $50,000
SP	Columbia Fixed Income Securities	S	10-7-05	$15,001 - $50,000
	Schwab Premier Equity Select Shares	P, S	P 1/2005 S 7-26-05	$50,001 - $100,000
	T. Rowe Price New Asia Fund	S	7-26-05	$15,001 - $50,000
SP	Legg Mason	S	11-21-05	$50,001 - $100,000
	Ariel Growth Fund	P	7-26-05	$15,001 - $50,000
	Citizens Small Cap Core Growth Fund	P	7-26-05	$15,001 - $50,000
	DFA Intl. Small Company Portfolio Fund	P	7-29-05	$15,001 - $50,000
	Ishares KLD Select Social Fund	P	7-29-05	$100,001 - $250,000
	Pax World High Yield Fund	P	7-26-05	$15,001 - $50,000
	PIMCO Foreign Bond Fund	P	7-26-05	$15,001 - $50,000
	PIMCO Total Return III Fund	P	7-26-05	$100,001 - $250,000

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Portfolio 21	P	7-29-05	$100,001 - $250,000
	SEI Emerging Markets Equity Fund	P	7-29-05	$15,001 - $50,000
	SEI Emerging Markets Debt	P	7-26-05	$15,001 - $50,000
	Vanguard Short Term Inv. Grade	P	7-26-05	$15,001 - $50,000
SP	Citizens Small Cap Core Growth Fund	P	11-4-05,12-19-05,12-28-05	$50,001 - $100,000
SP	Ishares KLD Select Social Fund	P	11-4-05, 12-28-05	$100,001 - $250,000
SP	Pax World High Yield Fund	P	11-4-05	$15,001 - $50,000
SP	PIMCO Foreign Bond	P	12-19-05, 12-28-05	$15,001 - $50,000
SP	PIMCO Total Return III Fund	P	11-4-05, 12-19-05	$100,001 - $250,000
SP	Portfolio 21	P	12-28-05	$15,001 - $50,000
SP	SEI Emerging Markets Equity	P	12-27-05, 12-28-05	$15,001 - $50,000
SP	SEI Emerging Markets Debt	P	11-4-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Vanguard Short Term Inv. Grade	P	11-4-05, 12-19-05	$15,001 - $50,000
SP	DFA US Large Cap Value	P	12-19-05	$15,001 - $50,000
SP	Europacific Growth Fund	P	12-19-05	$1,001 - $15,000
	Aetna Fixed Plus Account	S	7-18-05	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name Earl Blumenauer

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Washington Mutual	Mortgage Madrone/Acacia 3701-3705 SE 35th Place Portland, OR	$100,001 - $250,000
	M&T Realty Buffalo, NY	Mortgage Glisan Townhouses 1701 NW Glisan Portland, OR	$15,001 - $50,000
	M&T Realty Buffalo, NY	Mortgage Powell Gardens 3410 SE 33rd Portland, OR	$15,001 - $50,000
	Ruth Sprinkling	Mortgage 2441 NE Weidler Portland, OR	$100,001 - $250,000
	Intervest Mortgage Spokane, WA	Mortgage Nordel/Nordel 2166 NW Irving Portland, OR	$15,001 - $50,000
	Intervest Mortgage Spokane, WA	Mortgage Nordel/Mitchell 629 SE Morrison Portland, OR	$15,001 - $50,000
	Washington Mutual	Mortgage Raleigh Fireside 5557 SW Scholls Ferry Portland, OR	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Earl Blumenauer

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Center for Wisconsin Strategy, Madison Mayor Dave Cieslewica, the Metropolitan Policy Program, the Brookings Institution, the Johnson Foundation	Feb. 10-12	Wash., D.C.--Milwaukee, WI--Portland, Oregon	Y	Y	N	N/A
Congressional Program of Aspen Institute	March 25-April 3, 2005	Portland, OR--Shanghai--Beijing--Portland, Oregon	Y	Y	Y	N/A
Advancing Women in Transportation	May 27-28, 2005	Washington, D.C.--Phoenix--Portland, Oregon	Y	Y	N	N/A
Congressional Program of Aspen Institute	May 30-June 5, 2005	Portland, Oregon--Instabul, Turkey--Portland, Oregon	Y	Y	Y	N/A
New Century Transportation Foundation, Community Office for Resource Effiency	July 7-9, 2005	Portland, Oregon--Denver--Washington, D.C.	Y	Y	Y	N/A
Rail~Volution	September 7-10, 2005	Washington, DC--Salt Lake City--Portland, Oregon	Y	N	N	N/A

EARL BLUMENAUER
THIRD DISTRICT, OREGON

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
HIGHWAYS, TRANSIT AND PIPELINES
WATER RESOURCES AND ENVIRONMENT
RAILROADS

INTERNATIONAL RELATIONS
SUBCOMMITTEES:
ASIA AND THE PACIFIC
OVERSIGHT AND INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515-3703

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729 N.E. OREGON STREET
SUITE 115
PORTLAND, OR 97232
(503) 231-2300
FAX: (503) 230 5413

website: blumenauer.house.gov

May 16, 2006

The Honorable Jeff Trandahl
Office of the Clerk
U. S. House of Representatives
B 106 Cannon House Office Building
Washington, DC 20515-6612

Dear Mr. Trandahl,

I recently filed my **2005 Financial Disclosure Statement** but have determined that the following corrections should be made:

Schedule IV – Transactions

SP Asset: Johnson and Johnson
Date of Sale should be 10-28-2005

SP Asset: Legg Mason
Date of Sale should be 10-27-2005
Amount of transaction should be $15,001-$50,000

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 18 AM 11:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

During the preparation of my 2005 Financial Disclosure Statement, I discovered some items that were inadvertently omitted from my **2004 Financial Disclosure Statement**.

Schedule III – Assets and Unearned Income

The following should have been listed as assets:

T. Rowe Price New Asia Fund
Year-End Value of Asset $1,001-$15,000
Type of Income: Dividends
Amount of Income: $201-$1,000

Columbia Fixed Income Securities
Spouse
Year-End Value of Asset: $15,000-$50,000
Type of Income: Dividends
Amount of Income: $1,001-$2,500

Campbell-Nob Hill Apartments
NW 23rd and Hoyt
Portland, OR
Year-End Value of Asset: $100,001-$$250,000
Type of Income: Rent
Amount of Income: $15,001-$50,000
Purchased

Schedule IV – Transactions

The following should have been listed as transactions:

Campbell-Nob Hill Apartments
NW 23rd and Hoyt
Portland, OR
Type: Purchased
Date: 3-15-2004
Amount of Transaction: $100,001-$250,000

The following asset should not have been reported on my **2004 Financial Disclosure Statement** as it was sold on 7-31-03. My **2003 Financial Disclosure Statement** should be amended to reflect this transaction.

Chelsea Court
130 NW 19th St.
Portland, OR
Type: Sale
Date: 7-31-03
Amount of Transaction: $100,001-$250,000

I appreciate your attention to this matter and apologize for any inconvenience. If you have any questions regarding any of these addendums, please do not hesitate to contact me or my Chief of Staff, Julia Pomeroy at 503-231-2300.

Sincerely,

Earl Blumenauer
Member of Congress

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 18 AM 11:49
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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2006 MAY 12 PM 3:35
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U.S. HOUSE OF REPRESENTATIVES

Roy Blunt
(Full Name)

P.O. Box 50100
(Mailing Address)

Springfield, Missouri 65805

Daytime Telephone: 417-889-1800

Filer Status	[X] Member of the U.S. House of Representatives — State: Mo District: 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Roy Blunt	May 11, 2006

Name BLUNT, Roy	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ALTRIA CORPORATE SERVICES (KRAFT FOODS)	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
BLUNT, Roy	3 of 7

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
Edward Jones Company 12555 Manchester St Louis Mo Ozark Trail Council - Boy Scouts of America	Speech	5/11/05	2000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BLUNT, KOY

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C								Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples.* SP Mega Corp. Stock					X								X										X									P
	Simon & Schuster		Indefinite																	Royalties									X				
	1st Bank of Paducah, KY accounts						X									X										X							
	41 acres farmland - Stafford Pike						X										X											X					Sold 31 acres
	Churchill Office 100 part.					X															X												
	~~Hartford Cap Appr Fund~~			X										X							X	X											
SP	ALTRIA (KRAFT)			X										X									X										
SP	CISCO			X										X								X											
SP	LOCKHEED MARTIN				X									X									X										
SP	116 Technical Education Building, LLC						X								X											X							

For additional assets and unearned income, use next page.

Name BLUNT, ROY

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	31 acres Strafford, Mo - farmland		X		3-31-05				X						
	[redacted]														
	Putnam Discovery Growth		X		9-26-05	X									
	Guaranty federal Bank shares		X		8-25-04 *	X									

This page may be copied if more space is required.

* Sold and inadvertently omitted from 2004 report

Name BLUNT, ROY | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	State BANK of SOMO	mortgage 41 [illegible] Maryland Springfield, MO				X						
	State BANK of SOMO	mortgage 116 [illegible] Branson, MO			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	American Israel Education	Aug 21-28	Wash DC > NY > Israel > NY > DC	Y	Y	Y	None

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LEGISLATIVE RESOURCE CENTER
2006 APR 20 PM 2:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

U.S. House of Representatives

REPORT OF CHARITABLE CONTRIBUTION IN LIEU OF HONORARIUM BY A REGISTERED LOBBYIST

A Member, Officer, or employee of the House of Representatives who asks a registered lobbyist to make a contribution to a charitable organization in lieu of paying an honorarium must complete this form and file it with the Clerk of the House of Representatives within 30 days after the request. The Clerk shall make this information public as soon as possible after it is filed.

NAME OF LOBBYIST MAKING THE CONTRIBUTION: Michael Esser

ADDRESS OF LOBBYIST: Edward Jones Company
12555 Manchester Road
St. Louis, MO 63131

DATE OF CONTRIBUTION: 10/18/05 (Speech 5/11/05)

AMOUNT OF CONTRIBUTION: $2000.00

NAME OF CHARITABLE ORGANIZATION: Ozark Trails Council Boy Scouts of America

ADDRESS OF CHARITABLE ORGANIZATION: 1616 S. Eastgate
Springfield, MO 65809

NAME OF MEMBER, OFFICER OR EMPLOYEE: Roy Blunt
(please print or type)

SIGNATURE OF MEMBER OFFICER OR EMPLOYEE: Roy Blunt DATE: 4/20/06

12555 Manchester Road
St. Louis, MO 63131-3729
314-515-2000
www.edwardjones.com

LEGISLATIVE RESOURCE CENTER
2006 APR 20 PM 2:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Edward Jones

October 18, 2005

Ozark Trails Council Boy Scouts of America
Attn: April Nale
1616 South Eastgate
Springfield, MO 65809

Dear Ms. Nale::

Enclosed, please find a contribution in the amount of $2,000 to the Ozark Trails Council Boy Scouts of America on behalf of Congressman Roy Blunt for his kindness to our firm.

Sincerely,

Mike Esser

Mike Esser
Principal, Government Relations

Cc: Representative Roy Blunt

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

EDWARD JONES
201 Progress Parkway
Maryland Heights, MO 63043
(314)515-7070

Bank of America
Bank of America Customer Connectio
Bank of America N.A. (South)
Atlanta, Dekalb County, Georgia

Check Number
04903827

LEGISLATIVE FINANCE

2006 APR 20 PH 2:45

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Date 10/18/2005

64-1278
611

Pay ****TWO THOUSAND AND XX / 100 US DOLLARS

Amount $2,000.00***

To The Order Of
OZARK TRAILS COUNCIL BOY SCOUTS OF
AMERICA
ATTN APRIL NALE
1616 S EASTGATE
SPRINGFIELD, MO 65809

Authorized Signature

⑈04903827⑈ ⑆061112788⑆ 329 994 2765⑈

Check Date: Oct/18/2005 Check No. 04903827

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Available	Paid Amount
CONTRIBUTION101705	Oct/15/2005	628297	2,000.00	0.00	2,000.00

Vendor Number	Vendor Name			Total Discounts	
0000162978	OZARK TRAILS COUNCIL BOY SCOUTS OF				
Check Number	Date	Payment Inquiries	Total Amount	Discounts Taken	Total Paid Amount
04903827	Oct/18/2005	Please Call 314-515-7070	$2,000.00	$0.00	$2,000.00

___ *Original* ___ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Roy Blunt

Name of accompanying family member (if any): Abigail Blunt

Relationship to Member/Officer (check one): ✓ Spouse ___ Child ___ Other (specify): ___

Dates of Travel: Aug. 24-28, 2005

Dates at personal expense: ___

Itinerary (Cities of departure – destination – return):
DC → NY → Israel → NY → DC

Sponsor (Who paid for the trip):
American Israel Education Foundation

Detailed Purpose of Trip:
Education Mission

2005 SEP 27 AM 10:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	3830.15	1341.16	624.24
For accompanying family member:	3830.15	1341.16	624.24

	Other Expenses (dollar amount)	Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	1223.73	Security, honoraria, entrance fees, ground trans, guide
For accompanying family member:	1223.73	same

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Roy Blunt

DATE: 9-26-05

Version date 1/2005 by Committee on Standards of Official Conduct

ROY BLUNT
MEMBER OF CONGRESS
7TH DISTRICT, MISSOURI

MAJORITY WHIP

COMMITTEE ON
ENERGY AND COMMERCE

STEERING COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515

217 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6536
FAX: (202) 225-5604

OFFICE OF THE MAJORITY WHIP
H-329, THE CAPITOL
WASHINGTON, DC 20515
(202) 225-0197
FAX: (202) 226-1115

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2006 MAY 17 PM 5:25

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC

May 16, 2006

The Honorable Karen L. Haas
The Office of the Clerk
H-154, The Capitol
Washington, DC 20515

Dear Honorable Haas:

In reviewing my current Financial Disclosure filing for 2005, I realized I inadvertently omitted my Secretary of State retirement pay in the amount of $30,133.62 and would ask that my statement be amended to include this additional information. Please call Amy Poe at 202-225-6536 if you have any questions.

Sincerely,

Roy Blunt

Roy Blunt
Majority Whip

2740-B EAST SUNSHINE
SPRINGFIELD, MISSOURI 65804
(417) 889-1800
FAX: (417) 889-4915

blunt@mail.house.gov
www.house.gov/blunt
http://majoritywhip.house.gov

101 RANGE LINE ROAD, BOX 20
JOPLIN, MISSOURI 64801
(417) 781-1041
FAX: (417) 781-2022

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 5:31
9
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Sherwood L. Boehlert
2246 Rayburn House Office Building
Washington, DC 20515 (Mailing Address) 202-225-3665 Daytime Telephone

Filer Status	[XX] Member of the U.S. House of Representatives — State: NY District: 24	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XXX]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XXX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XXX]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XXX]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XXX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XXX]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XXX]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XXX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XXX]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XXX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XXX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherwood Boehlert	5/15/2006

Name	Page 1 of 8
Sherwood Boehlert	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Friends of SHerwood Boehlert	Spouse Salary	$36,000

For payments to charity in lieu of honoraria, use Schedule II.

Name: Sherwood Boehlert

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
NONE			

This page may be copied if more space is required.

Name: Sherwood Boehlert

Page 3 of d

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Asset	Owner	Block B	Block C	Block C	Block C	Block C	Block C	Block C	Block C	Block C	Block D	Block D	Block D	Block D	Block D	Block D	Block D	Block D	Block D	Block D	Block D	Block D	Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
Mega Corp. Stock	SP					X								X										X								P
Simon & Schuster	DC			Indefinite																Royalties								X				
1st Bank of Paducah, KY accounts	JT						X									X										X						
Partners Trust	JT			X																												
NBT	JT					X								X										X								
Metronic	JT			X										X								X										
New Economy (IRA)	SP				X																											
New Economy (IRA)					X																											
Cisco	JT			X																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Sherwood Boehlert

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Oracle			X																	X											
JT	Sun Microsystems			X																												
JT	Putnam Cap Apr Fund			X										X								X										
JT	Putnam Int'l Growth				X									X								X										
JT	Putnam Int'l G/I				X									X								X										
JT	Putnam Voyager			X										X								X										

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Name: Sherwood Boehlert

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	NONE														

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Name: Sherwood Boehlert

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more space is required.

Name	Sherwood Boehlert	Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NONE						

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Name	Page 8 of 8
Sherwood Boehlert	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	Utica College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2006 25-628 (mec)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

John Andrew Boehner
(Full Name)

7371 Charter Cup Lane West Chester, OH 45069
(Mailing Address)

(202) 225-6205
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: OH District: 08	☐ Officer Or Employee — Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☑ No ☐	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John A. Boehner	5-15-06

SCHEDULE I - EARNED INCOME

Name John Andrew Boehner

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Sibcy Cline, Inc.	Spouse real estate commission	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Congressional Federal Credit Union	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
	First Financial Bank, NA	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Calamos Growth & Income Cl A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
JT	Calamos Growth and Income Cl C	None	DIVIDENDS	$1 - $200	S
JT	Europacific Growth Fund Cl A (previously disclosed as "American Funds Euro Pacific")	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	First Financial Bankcorp Ohio	None	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

JT	Growth Fund of America Cl A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Henderson Intl Opportunities A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
JT	Lord Abbett Mid-Cap Value	None	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S
JT	Munder Mid-Cap Core Growth A	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	P
JT	New World Fund Cl A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Pimco Commodity Real Return Strategy Fund Class A	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
JT	Scudder Dreman High Return Fund Class A	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	P
JT	Smallcap World Fund Cl A (previously disclosed as "American Funds Small Cap World Fund")	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Vanguard Selected Value Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
JT	Victory Small Company Opportunity Fund Cl R	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Victory Diversified Stock Cl R	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Victory OH Municipal Money Market	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
JT	Keeley Small Cap Value Fund	$50,001 - $100,000	CAPITAL GAINS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

JT	Franklin Flex Cap Growth FD C	None	None	NONE	S
JT	Franklin Flex Cap Growth FD A	$50,001 - $100,000	None	NONE	P
JT	7908 Cincinnati-Dayton Road, Suite 1, West Chester, OH (Office Building)	$100,001 - $250,000	RENT	$5,001 - $15,000	S
SP	Farm Property Swamp Road, Pantego, NC 27860	$15,001 - $50,000	None	NONE	S
	Rolling Ridge Associates, Real Estate Limited Partnership, Owns Rolling Ridge Apts. Montana Avenue Cincinatti, OH	$1,001 - $15,000	Other: Partnership Income from Rent	$2,501 - $5,000	
	State of Ohio-Deferred Compensation Plan	$100,001 - $250,000	NA	NONE	
	State of Ohio, Public Employee Retirement System	$15,001 - $50,000	NA	NONE	
	Nucite Sales Limited Partnership Profit Sharing Retirement Plan (merger of Nucite Sales, Inc. Profit Sharing Trust and Nucite Sales, Inc. Pension Plan Trust)	$1,000,001 - $5,000,000	NA	NONE	
	Nucite Sales Inc. (underlying assets in following 7 entries)	$100,001 - $250,000	INTEREST/DIVIDENDS/CAPITAL GAINS/Other: Ordinary business income	$1,001 - $2,500	Below
	Victory Gradison Govt Reserves	$1,001 - $15,000	INTEREST/DIVIDENDS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

	FDIC Variable Rate Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	P
	Rydex Healthcare Fund	$15,001 - $50,000	None	NONE	P
	Rydex Energy Services Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	S
	Rydex Bio Technology Fund	None	CAPITAL GAINS	NONE (loss)	S
	Scudder Dreman High Return Fund Class A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Nucite Sales LP (Nucite Sales Inc. has 10% interest in Nucite Sales LP)	$1,001 - $15,000	INTEREST/DIVIDENDS/Other: Ordinary Business Income	$5,001 - $15,000	
SP	Harvey Gunlack Living Trust (inherited 50% interest in trust of underlying assets in following 8 entries)	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$5,001 - $15,000	Below
	Victory Gradison Govt Reserves	$1,001 - $15,000	INTEREST/DIVIDENDS	$2,501 - $5,000	S
	Fundamental Investors Cl B	None	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
	New Perspective Cl C	None	CAPITAL GAINS	$2,501 - $5,000	S
	Pimco Total Return Fund Cl B	None	DIVIDENDS/CAPITAL GAINS	NONE (loss)	S
	Seligman Comm & Info Fund Cl B	None	CAPITAL GAINS	$201 - $1,000	S
	Victory Established Value Cl R	None	CAPITAL GAINS	NONE (loss)	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

	Victory Diversified Stock Cl R	None	CAPITAL GAINS	$1,001 - $2,500	S
	Washington Mutual Investors C	None	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S

SCHEDULE IV - TRANSACTIONS

Name John Andrew Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Calamos Growth & Income Cl A	P	10-28-05, 11-21-05, 12-07-05	$50,001 - $100,000
JT	Franklin Flex Cap Growth FD C	S	10-25-05	$15,001 - $50,000
JT	Franklin Flex Cap Growth FD A	P	10-28-05, 12-07-05, 12-15-05	$50,001 - $100,000
JT	Calamos Growth and Income Cl C	S	10-25-05	$1,001 - $15,000
JT	Henderson Intl Opportunities A	P	10-28-05, 12-01-05, 12-15-05	$50,001 - $100,000
JT	Keeley Small Cap Value Fund	P	10-28-05, 11-15-05, 12-15-05	$50,001 - $100,000
JT	Munder Mid-Cap Core Growth A	P	12-15-05, 12-29-05	$50,001 - $100,000
JT	Lord Abbett Mid-Cap Value Cl C	S	10-25-05	$15,001 - $50,000
JT	Pimco Commodity Real Return Strategy Fund Class A	P	10-28-05, 12-07-05, 12-15-05, 12-30-05	$50,001 - $100,000
JT	Scudder Dreman High Return Fund Class A	P	10-28-05, 12-07-05, 12-15-05, 12-22-05	$50,001 - $100,000
JT	Vanguard Selected Value Fund	P	10-26-05, 12-05-05, 12-13-05, 12-19-05	$50,001 - $100,000

SCHEDULE IV - TRANSACTIONS

Name John Andrew Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	First Financial Bankcorp Ohio	S	10-25-05	$1,001 - $15,000
JT	7908 Cincinnati-Dayton Road, Suite 1, West Chester, OH (Office Building)	S	6-29-05	$100,001 - $250,000
SP	Farm Property Swamp Road, Pantego, NC 27860	S	3-31-05	$15,001 - $50,000
	Nucite Sales Inc. (transactions regarding underlying assets in following 6 entries)	Below	See Below	See Below
	Victory Gradison Govt Reserves	S	3-21-05	$15,001 - $50,000
	FDIC Variable Rate Deposit	P	3-21-05	$15,001 - $50,000
	Rydex Healthcare Fund	P	10-6-05	$15,001 - $50,000
	Rydex Energy Services Fund	S	8-3-05, 10-6-05	$15,001 - $50,000
	Rydex Bio Technology Fund	S	3-7-05	$15,001 - $50,000
	Scudder Dreman High Return Fund Class A	P	2-3-05, 3-29-05, 6-27-05, 9-27-05, 12-22-05	$15,001 - $50,000
SP	Harvey Gunlack Living Trust (inherited 50% interest in trust transactions regarding underlying assets in following 8 entries)	Below	See Below	See Below

SCHEDULE IV - TRANSACTIONS

Name John Andrew Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Victory Gradison Govt Reserves	S	4-18-05, 6-2-05, 6-17-05	$250,001 - $500,000
	Fundamental Investors Cl B	S	4-8-05	$50,001 - $100,000
	New Perspective Cl C	S	4-8-05	$50,001 - $100,000
	Pimco Total Return Fund Cl B	S	4-8-05	$50,001 - $100,000
	Seligman Comm & Info Fund Cl B	S	4-8-05	$15,001 - $50,000
	Victory Established Value Cl R	S	4-6-05	$50,001 - $100,000
	Victory Diversified Stock Cl R	S	4-6-05	$15,001 - $50,000
	Washington Mutual Investors C	S	4-8-05	$50,001 - $100,000

SCHEDULE VI - GIFTS

Name John Andrew Boehner

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Kewadin Casinos - Manistique	Slot machine winnings	$2,700

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Andrew Boehner

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Chicago Board of Trade and Chicago Mercantile Exchange	Mar. 18-22	Wash., D.C.--Boca Raton, F.L.--Fort Myers, F.L.--Cincinnati, O.H.	Y	Y	Y	2 Days
CSX Corporation	May 27-30	Wash., DC--White Sulpher Springs, W.V.--Cincinnati, O.H.	Y	Y	N	1 Day
Monterey Peninsula Foundation	Aug. 30-Sept. 5	Spokane, W.A.--Monterey, C.A.--Cincinnati, O.H.	Y	Y	N	3 Days

SCHEDULE VIII - POSITIONS

Name John Andrew Boehner

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer-Non Comp.	Nucite Sales, Inc.
Limited Partner	Rolling Ridge Associates

SCHEDULE IX - AGREEMENTS

Name John Andrew Boehner

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A	Nucite Sales Limited Partnership Profit Sharing Retirement Plan	Continued interest, no additional contribution
N/A	State of Ohio Pension and Deferred Compensation Plans	Continued interest, no additional contribution

FOOTNOTES

Name John Andrew Boehner

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Block B through Block D entries on this line represent aggregate information from underlying assets. The underlying assets in Nucite Sales Inc. are disclosed for the first time in this report as a result of the winding-down of business operations of Nucite Sales LP, the liquidation of Nucite Sales LP assets, Nucite Sales Inc.'s diminishing interest in Nucite Sales LP, and the likely dissolution of Nucite Sales Inc. this year. Nucite Sales Inc. has previously maintained lesser amounts of these and similar money market and widely diversified mutual fund assets.	Nucite Sales Inc. (underlying assets in ...)
2	Schedule III	Total value of and income from Nucite Sales LP is disclosed in Block B and Block D on this line. Only the 10% share of Nucite Sales LP's value and income is disclosed in Block B and Block D of the line above that includes the aggregate income from all Nucite Sales Inc. underlying assets.	Nucite Sales LP (Nucite Sales Inc. has 10% ...)
3	Schedule III	Block B through Block D entries on this line represent aggregate information from underlying assets.	Harvey Gunlack Living Trust (inherited 50% ...)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Henry Bonilla
(Full Name)

2458 Rayburn House Office Building Washington, DC 20515 (202)225-4511
(Mailing Address) Daytime Telephone

Filer Status ✓ Member of the U.S. House of Representative — State TX, District 23 — Officer Or Employee — Employing Office

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes No ✓
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $308 and not otherwise exempt)? Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $308 from one source)? Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No ✓
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual: Hen Bill

Date (Month, Day, Year): 5-11-06

SCHEDULE I - EARNED INCOME

Name Henry Bonilla

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
United Parcel Service General Services Co	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry Bonilla

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	USAA Federal Savings Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	USAA Life Insurance Co	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	US Senate Federal Credit Union	$1 - $1,000	INTEREST	$201 - $1,000	
JT	Harte-Hanks Inc. Del	None	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	S
JT	Chisos Fas Inc	$15,001 - $50,000	None	NONE	P
JT	Comverse Technology	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry Bonilla

JT	Countrywide Financial	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
JT	Zymogenetics Inc	$1,001 - $15,000	None	NONE	P
SP	UPS Savings Plan	$50,001 - $100,000	None	NONE	
SP	UPS Qualified Stock Ownership Plan	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
SP	UPS Deferred Compensation Plan	$100,001 - $250,000	None	NONE	
SP	Oppenheimer Money Market Funds	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Nuveen Equity Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	American Express Co	$1,001 - $15,000	None	NONE	
SP	Ameriprise Finl Inc	$1,001 - $15,000	None	NONE	
SP	Conagra Foods Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Du Pont	$1,001 - $15,000	None	NONE	
SP	Exxon Mobil Corp	$1,001 - $15,000	None	NONE	
SP	Simon Property Group	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	FT DowTarget 10 Portfolio	None	CAPITAL GAINS	$5,001 - $15,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry Bonilla

DC	Citrix	None	CAPITAL GAINS	$201 - $1,000	PS
DC	CBL & Assoc. Pptys Inc	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
DC	Developers Dvsfd Rlty	None	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	S
DC	General Growth Pptys Inc	None	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S
DC	Ventas Inc	None	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	S
DC	Abgenix Inc	$15,001 - $50,000	None	NONE	P
DC	Gold Kist Inc	$1,001 - $15,000	None	NONE	P
DC	Salesforce Com Inc	$15,001 - $50,000	None	NONE	P
DC	Harte-Hanks Inc Del	None	CAPITAL GAINS	$15,001 - $50,000	S
DC	Orthodontic Ctrs. Inc	None	None	NONE	S
DC	Ventas Inc	None	CAPITAL GAINS	$15,001 - $50,000	S
DC	Adobe Sys Del	$1,001 - $15,000	None	NONE	P
DC	Flextronics Intl Ltd	$1,001 - $15,000	None	NONE	P
DC	Flower Foods Inc	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry Bonilla

DC	Freescale Semiconductor	$1,001 - $15,000	None	NONE	P
DC	Informatica Corp	$1,001 - $15,000	None	NONE	P
DC	RobertHalf Intl Inc	$1,001 - $15,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Henry Bonilla

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Harte-Hanks Inc. Del	S	10-11-05	$15,001 - $50,000
JT	Chisos Fas Inc	P	10-11-05	$15,001 - $50,000
JT	Comverse Technology	P	10-11-05	$1,001 - $15,000
JT	Countrywide Financial	P	10-11-05	$15,001 - $50,000
JT	Zymogenetics Inc	P	10-11-05	$1,001 - $15,000
SP	Simon Property Group	S	10-12-05	$1,001 - $15,000
SP	FT DowTarget 10 Portfolio	S	07-06-05	$1,001 - $15,000
DC	Citrix	PS	10-11-05 11-04-05	$1,001 - $15,000
DC	Developers Dvsfd Rlty	S	02-02-05	$15,001 - $50,000
DC	General Growth Pptys Inc	S	08-16-05	$15,001 - $50,000
DC	Ventas Inc	S	10-11-05	$50,001 - $100,000
DC	Abgenix Inc	P	10-11-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Henry Bonilla

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC	Gold Kist Inc	P	10-11-05	$1,001 - $15,000
DC	Salesforce Com Inc	P	10-11-05	$15,001 - $50,000
DC	Harte-Hanks Inc Del	S	10-11-05	$15,001 - $50,000
DC	Ventas Inc	S	10-11-05	$15,001 - $50,000
DC	Adobe Sys Del	P	10-11-05	$1,001 - $15,000
DC	Flextronics Intl Ltd	P	10-11-05	$1,001 - $15,000
DC	Flower Foods Inc	P	10-11-05	$1,001 - $15,000
DC	Freescale Semiconductor	P	10-11-05	$1,001 - $15,000
DC	Informatica Corp	P	10-11-05	$1,001 - $15,000
DC	RobertHalf Intl Inc	P	10-11-05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Henry Bonilla

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
FMI	Jan. 21-23	Washington, DC -- Boca Raton, FL -- Washington, DC	Y	Y	N	N/A
Goldman Sachs	Jan. 24	Washington, DC -- LGA -- Washington, DC	N	Y	N	N/A
American Israel Education Foundation	Aug. 21-26	Washington, DC -- Tel Aviv -- Washington, DC	Y	Y	Y	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Josiah Robins Bonner, Jr.
(Full Name)

143 Myrtlewood Lane Mobile, AL 36608
(Mailing Address)

202-225-4931
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: AL District: 01	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Josiah Robins Bonner Jr.	May 11, 2006

SCHE... ...ASSETS AND "UNEARNED"

Name Josiah Robins Bonner, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Camden National Bank	$1,001 - $15,000	INTEREST	$1 - $200	NA
	Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	NA
JT	Whitney National Bank	$1,001 - $15,000	INTEREST	$1 - $200	NA
	Pioneer Growth Shares	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
JT	2469 +/- Timberland, Wilcox County, Alabama	$1,000,001 - $5,000,000	Timber Sales, Leases and Rent	$15,001 - $50,000	Other
JT	First Gulf Bank	$1 - $1,000	INTEREST	$1 - $200	NA

	76 acres timberland, Wilcox County, Alabama	$100,001 - $250,000	NONE	NONE	NA
JT	Alabama Pre-Paid Tuition Plan, Lee Bonner	$1,001 - $15,000	NONE	NONE	NA
JT	Alabama Pre-Paid Tuition Plan, Robins Bonner	$1,001 - $15,000	NONE	NONE	NA
JT	First Camden Bankshares	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	NA
JT	Town and Country National Bank	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
JT	RMA Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
JT	MFS Emerging Growth	$50,001 - $100,000	NONE	NONE	NA
JT	Oppenheimer Main Street	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	NA
JT	Oppenheimer Growth	$1,001 - $15,000	NONE	NONE	NA
JT	Pioneer Growth Shares	$15,001 - $50,000	DIVIDENDS	$1 - $200	NA
	2-11 acre lots, Baldwin County, Alabama	$15,001 - $50,000	NONE	NONE	NA
SP	Cisco	$1 - $1,000	NONE	NONE	NA
SP	Fannie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
SP	Health South	$1 - $1,000	NONE	NONE	NA

SCHEDULE III - ASSETS [illegible] EARNED" INCOME

Name Josiah Robins Bonner, Jr.

SP	Mirant	$1 - $1,000	NONE	NONE	NA
SP	Southern Company	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
SP	John Hancock Financial	$15,001 - $50,000	DIVIDENDS	$1 - $200	NA
SP	Pioneer Growth Shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
DC	Cisco	$1 - $1,000	NONE	NONE	NA
DC	Fannie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
DC	Weyerheuser	$1 - $1,000	DIVIDENDS	$1 - $200	NA

SCHEDULE [illegible] TRANSACTIONS

Name Josiah Robins Bonner, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	2469 +/- Timberland, Wilcox County, Alabama	Other	October 2005	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Josiah Robins Bonner, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	American Express	revolving credit	$15,001 - $50,000

...ULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Josiah Robins Bonner, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Hyundai Motor America	May 20, 2005	Washington, DC - Montgomery, AL	N	Y	N	None
Mobile Airport Authority	June 10-13, 2005	Washington, DC - Paris - Washington, DC	Y	Y	N	None
EADS North America	June 22, 2005	Washington, DC - Mobile, AL - Washington, DC	N	Y	N	None
American Israel Education Foundation	August 21-26, 2005	Mobile, AL - Tel Aviv	Y	Y	Y	None
Northrop Grumman	October 24, 2005	Mobile, AL - Washington, DC	N	N	N	None
Business Council of Alabama	August 5-7, 2005	Event held in District - no travel expenses	Y	Y	Y	None

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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MARY BONO (Full Name)	
64505 VIA AMANTE PALM SPRINGS, CA 92264 (Mailing Address)	(202) 225-5330 Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: CA District 45	☐ Officer Or Employee	Employing Office: HR MEMBER SERVICES
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mary Bono	05/11/2006

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SCHEDULE I - EARNED INCOME

Name MARY BONO

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
AFTRA HEALTH AND RETIREMENT FUNDS	PENSION	$6,024
COORS BREWING COMPANY	LEGAL SETTLEMENT	
MERRILL LYNCH	IRA DISTRIBUTION	
NESTANDE AND ASSOCIATES	NON EMPLOYEE COMPENSATION	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
UNION BANK OF CALIFORNIA	$50,001 - $100,000	INTEREST	$1 - $200	
MERRILL LYNCH CMA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
CALIFORNIA ST PRIN MTIGR	$1,001 - $15,000	INTEREST	NONE	
CENTRAL VY SDS FIN AT CA	$15,001 - $50,000	INTEREST	NONE	
INTL BUSINESS MACHINES	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SOUNDEXCHANGE INC	$1 - $1,000	ROYALTIES	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	WARNER MUSIC INC	$100,001 - $250,000	ROYALTIES	$5,001 - $15,000	
	SOUNDEXCHANGE INC	$1 - $1,000	ROYALTIES	$1 - $200	
	THE HARRY FOX AGENCY	$1,001 - $15,000	ROYALTIES	$5,001 - $15,000	
	BONO COLLECTION TRUST	$100,001 - $250,000	ROYALTIES & INTEREST	$100,001 - $1,000,000	
	EMERSON ELEC CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	EXXON MOBIL CORP	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	WARNER MUSIC INC	$100,001 - $250,000	ROYALTIES	$5,001 - $15,000	
	HEALTH CARE PPTY INVS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	QUEST DIAGNOSTICS INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	UNITED HEALTH GROUP INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	L-3 COMMNCTNS HOLDG CL A	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MEDTRONIC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CISCO SYSTEMS INC COM	$1,001 - $15,000	DIVIDENDS	NONE	
	QUEST DIAGNOSTICS INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WARNER MUSIC INC	$100,001 - $250,000	ROYALTIES	$15,001 - $50,000	
	UNITED PARCEL SVC CL B-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WALGREEN CO- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	BONO COLLECTION TRUST	$250,001 - $500,000	ROYALTIES & INTEREST	$100,001 - $1,000,000	
	BONO COLLECTION TRUST	$100,001 - $250,000	ROYALTIES & INTEREST	$100,001 - $1,000,000	
	JPMORGAN CHASE & CO-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	BAKER HUGHES INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	SOUND EXCHANGE INC	$1 - $1,000	ROYALTIES	$1 - $200	
	SLM CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	JPMORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	MONSANTO CO NEW DEL COM- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MEDTRONIC IN- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MBIA INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	LOWES COMPANIES INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	L-3 COMMNCTNS HOLDG CL A- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	STARWOOD HTLS & RESORTS PC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	INTL BUSINESS MACHINES- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	AMGEN INC COM- IRA	$1,001 - $15,000	DIVIDENDS	NONE	
	HEALTH CARE PPTY INVS- IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	COSTCO WHOLESALE CRP DEL- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	STARWOOD HTLS & RESORTS PC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	EBAY INC- IRA	$1,001 - $15,000	DIVIDENDS	NONE	
	UNITED PARCEL SVC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	EXXON MOBIL CORP- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	FIRST DATA CORPORATION- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CISCO SYSTEMS INC - IRA	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	COLGATE PALMOLIVE- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	DOMINION RES INC NEW VA- IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	AFLAC INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	FEDERAL HOME LOAN BANK- SENIOR NOTES IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	FEDERAL HOME LOAN BANK- BONDS IRA	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FINANCING CORP STRP- IRA	$15,001 - $50,000	INTEREST	NONE	
	FEDERAL HOME LOAN BANK- IRA	$1,001 - $15,000	INTEREST	$1 - $200	
	MERRILL LYNCH CMA MONEY FUND- IRA	$1,001 - $15,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH CMA- MONEY FUND	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	UNITEDHEALTH GROUP INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WALGREEN CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CALIFORNIA ST DPT WTR	$1,001 - $15,000	INTEREST	$201 - $1,000	
	LOWE'S CO.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	BURLINGTN N SNTA FE	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	LOS ANGELES CO CA SANTN	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	EMERSON ELEC CO- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	SACRAMENTO CA CITY FING	$15,001 - $50,000	INTEREST	$201 - $1,000	
	CHECK POINT SOFTWRE TECH -IRA	$1,001 - $15,000	DIVIDENDS	NONE	
	LOS ANGELES CA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	LOS ANGELS CA CTFS PARTN	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DOMINION RES INC NEW VA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	AMGEN INC COM PV	$1,001 - $15,000	DIVIDENDS	NONE	
	SLM CORP- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CHECK POINT SOFTWRE TECH	$1,001 - $15,000	DIVIDENDS	NONE	
	COSTCO WHOLESALE	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	BAKER HUGHES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	BURLNGTN N SNTA FE- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	MONSANTO CO NEW DEL COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	EBAY INC.	$1,001 - $15,000	DIVIDENDS	NONE	
	COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	UNION BANK OF CALIFORNIA	$50,001 - $100,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH-CMA MONEY FUND	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL FARM CREDIT BANK	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL HOME LOAN BANK- SENIOR NOTES	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	FEDERAL HOME LOAN BANK- BONDS	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSOC	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSN	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSN	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSOC	$15,001 - $50,000	INTEREST	$201 - $1,000	
	AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	AMGEN INC COM PV	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	BAKER HUGHES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	BURLINGTON SNTA FE	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CHECK POINT SOFTWRE TECH	$1,001 - $15,000	DIVIDENDS	NONE	
	CISCO SYSTEMS INC	$1,001 - $15,000	DIVIDENDS	NONE	
	COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	COSTCO WHOLESALE CRP DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	DOMINON RES INC NEW VA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	EBAY INC	$1,001 - $15,000	DIVIDENDS	NONE	
	EMERSON ELEC CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	EXXON MOBIL CORP COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	HEALTHCARE PPTY INVS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	INTL BUSINESS MACHINES CORP IBM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	JP MORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	L-3 COMMNCTNS HOLDG CL A	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	LOWES COMPANIES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MEDTRONIC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MONSANTO CO NEW DEL COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	QUEST DIAGNOSTICS INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	SLM CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	STARWOOD HTLS & RESORTS PC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	UNITED PARCEL SVC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	UNITED HEALTH GROUP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WALGREEN CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MERRILL LYNCH CMA MONEY FUND	$1,001 - $15,000	INTEREST	$201 - $1,000	
	UNION BANK OF CALIFORNIA	$100,001 - $250,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH CMA MONEY FUND	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	FEDERAL HOME LOAN BANK BONDS	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	FEDERAL HOME LOAN BANK BONDS	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL HOME LOAN BANK BONDS	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL HOME LOAN BANK- SENIOR NOTES	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSN	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	FEDERAL NATL MTG ASSOC	$15,001 - $50,000	INTEREST	$201 - $1,000	
	AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	AMGEN INC COM	$1,001 - $15,000	DIVIDENDS	NONE	
	BAKER HUGHES	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	BURLINGTON N SNTA FE	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CHECK POINT SOFTWRE TECH	$1,001 - $15,000	DIVIDENDS	NONE	
	CISCO SYSTEMS INC	$1,001 - $15,000	DIVIDENDS	NONE	
	COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	COSTCO WHOLESALE CRP DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	DOMINION RES INC NEW VA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	EBAY INC	$1,001 - $15,000	DIVIDENDS	NONE	
	EMERSON ELEC CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	EXXON MOBIL CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	HEALTH CARE PPTY INVS REIT	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	INTL BUSINESS MACHINES CORP IBM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	JP MORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	L-3 COMMCTNS HOLDG CL A	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	LOWE'S COMPANIES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MEDTRONIC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MONSANTO CO NEW DEL COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	QUEST DIAGNOSTICS INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	SLM CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	STARWOOD HTLS & RESORTS PC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	UNITED PARCEL SVC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	UNITED HEALTH GROUP INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WALGREEN CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	MERRILL LYNCH CMA MONEY FUND	$1,001 - $15,000	INTEREST	$201 - $1,000	
	UNION BANK OF CALIFORNIA- CD	$15,001 - $50,000	INTEREST	$201 - $1,000	
	UNION BANK OF CALIFORNIA- CD	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	AMGEN INC COM PV	P	10-28-05	$1,001 - $15,000
	AMGEN INC COM PV	P	11-14-05	$1,001 - $15,000
	BAKER HUGHES INC	P	02-23-05	$1,001 - $15,000
	CHECK POINT SOFTWRE TECH	P	11-01-05	$1,001 - $15,000
	EBAY INC COM	P	02-09-05	$1,001 - $15,000
	EMERSON ELEC CO	P	09-19-05	$1,001 - $15,000
	HEALTHCARE PPTY INVS	P	01-31-05	$1,001 - $15,000
	INTL BUSINESS MACHINES	P	05-16-06	$1,001 - $15,000
	JPMORGAN CHASE & CO	P	12-15-05	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	P	09-09-05	$1,001 - $15,000
	SLM CORP	P	07-06-05	$1,001 - $15,000
	STARWOOD HTLS & RESORTS PC	P	06-08-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	STARWOOD HTLS & RESORTS PC	P	11-14-05	$1,001 - $15,000
	UNITED PARCEL SVC CL B	P	11-22-05	$1,001 - $15,000
	AIR PRODUCTS & CHEM	S	12-20-05	$1,001 - $15,000
	CENTRAL VALLEY SCH DISTS FN AT CA RF MBIA	S	04-01-05	$15,001 - $50,000
	APOLLO GROUP INC CL A	S	04-01-05	$1,001 - $15,000
	APOLLO GROUP INC CL A	S	11-22-05	$1,001 - $15,000
	AFLAC INC	S	04-01-05	$1,001 - $15,000
	ALCOA INC	S	04-01-05	$1,001 - $15,000
	ALCOA INC	S	05-26-05	$1,001 - $15,000
	BAKER HUGHES INC	S	04-01-05	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	02-09-05	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	04-01-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	BURLNGTN N SNTA FE	S	11-14-05	$1,001 - $15,000
	BECKMAN COULTER INC COM	S	04-01-05	$1,001 - $15,000
	BECKMAN COULTER INC COM	S	10-28-05	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	S	04-01-05	$1,001 - $15,000
	CISCO SYSTEMS INC COM	S	04-01-05	$1,001 - $15,000
	COLGATE PALMOLIVE	S	04-01-05	$1,001 - $15,000
	CONAGRA FOODS INC	S	04-01-05	$1,001 - $15,000
	CONAGRA FOODS INC	S	06-08-05	$1,001 - $15,000
	DOMINION RES INC NEW VA	S	04-01-05	$1,001 - $15,000
	DEERE CO	S	04-01-05	$1,001 - $15,000
	DEERE CO	S	09-19-05	$1,001 - $15,000
	EBAY INC	S	04-01-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	EXXON MOBIL CORP	S	04-01-05	$1,001 - $15,000
	EXXON MOBIL CORP	S	05-16-05	$1,001 - $15,000
	FIRST DATA CORPORATION	S	04-01-05	$1,001 - $15,000
	HEALTH CARE PPTY INVS REIT	S	04-01-05	$1,001 - $15,000
	INTL BUSINESS MACHINES CORP	S	04-01-05	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A	S	04-01-05	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A	S	07-21-05	$1,001 - $15,000
	LOWE'S COMPANIES INC	S	04-01-05	$1,001 - $15,000
	MCKESSON CORPORATION COM	S	02-23-05	$1,001 - $15,000
	MBIA INC	S	04-01-05	$1,001 - $15,000
	MBNA	S	04-01-05	$1,001 - $15,000
	MBNA	S	07-05-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	MC CORMICK NON VTG	S	09-09-05	$1,001 - $15,000
	MEDTRONIC INC	S	04-01-05	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	04-01-05	$1,001 - $15,000
	QUALCOMM INC	S	04-01-05	$1,001 - $15,000
	QUALCOMM INC	S	10-31-05	$1,001 - $15,000
	SOUTHWEST AIRLNS CO	S	01-13-05	$1,001 - $15,000
	SYMANTEC CORP COM	S	02-09-05	$1,001 - $15,000
	UNITED HEALTH GROUP INC	S	01-31-05	$1,001 - $15,000
	UNITED HEALTH GROUP INC	S	04-01-05	$1,001 - $15,000
	VIACOM INC CL B	S	04-01-05	$1,001 - $15,000
	VIACOM INC CL B	S	06-20-05	$1,001 - $15,000
	WALGREEN CO	S	04-01-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	AMGEN INC COM PV- IRA	P	10-28-05	$1,001 - $15,000
	AMGEN INC COM PV- IRA	P	11-14-05	$1,001 - $15,000
	BAKERS HUGHES INC- IRA	P	02-23-05	$1,001 - $15,000
	CHECK POINT SOFTWRE TECH- IRA	P	11-01-05	$1,001 - $15,000
	EBAY INC- IRA	P	02-09-05	$1,001 - $15,000
	EMERSON ELEC CO- IRA	P	09-19-05	$1,001 - $15,000
	INTL BUSINESS MACHINES- IRA	P	05-16-05	$1,001 - $15,000
	JPMORGAN CHASE & CO- IRA	P	12-15-05	$1,001 - $15,000
	MONSANTO CO NEW DEL COM- IRA	P	09-09-05	$1,001 - $15,000
	SLM CORP- IRA	P	07-06-05	$1,001 - $15,000
	SLM CORP- IRA	P	07-21-05	$1,001 - $15,000
	STARWOOD HTLS & RESORTS PC- IRA	P	06-08-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	STARWOOD HTLS & RESORTS PC- IRA	P	11-14-05	$1,001 - $15,000
	UNITED PARCEL SVC CL B- IRA	P	11-22-05	$1,001 - $15,000
	AIR PRODUCTS & CHEM- IRA	S	12-20-05	$1,001 - $15,000
	FEDERAL NATL MTG ASSOC	P	04-06-05	$15,001 - $50,000
	AMGEN INC COM PV	P	10-28-05	$1,001 - $15,000
	AMGEN INC COM PV	P	11-14-05	$1,001 - $15,000
	BAKER HUGHES INC	P	02-23-05	$1,001 - $15,000
	CHECK POINT SOFTWRE TECH	P	11-01-05	$1,001 - $15,000
	EBAY INC	P	02-09-05	$1,001 - $15,000
	EMERSON ELEC CO	P	09-19-05	$1,001 - $15,000
	INTL BUSINESS MACHINES	P	05-16-05	$1,001 - $15,000
	JPMORGAN CHASE & CO	P	12-15-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	MONSANTO CO NEW DEL COM	P	09-09-05	$1,001 - $15,000
	SLM CORP	P	07-06-05	$1,001 - $15,000
	STARWOOD HTLS & RESORTS PC	P	06-08-05	$1,001 - $15,000
	STARWOOD HTLS & RESORSTS PC	P	11-14-05	$1,001 - $15,000
	UNITED PARCELSVC CL B	P	11-22-05	$1,001 - $15,000
	FEDERAL FARM CREDIT BANK BONDS	S	04-12-05	$1,001 - $15,000
	APOLLO GROUP INC CL A	S	04-12-05	$1,001 - $15,000
	APOLLO GROUP INC CL A	S	11-22-05	$1,001 - $15,000
	AIR PRODUCTS & CHEM	S	12-15-05	$1,001 - $15,000
	ALCOA INC	S	04-12-05	$1,001 - $15,000
	ALCOA INC	S	05-26-05	$1,001 - $15,000
	BAKER HUGHES INC	S	04-12-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	BURLNGTN N SNTA FE	S	02-09-05	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	04-12-05	$1,001 - $15,000
	BURLNGTN SNTA FE	S	11-14-05	$1,001 - $15,000
	BECKMAN COULTER INC COM	S	4-12-05	$1,001 - $15,000
	BECKMAN COULTER INC COM	S	10-28-05	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	S	04-12-05	$1,001 - $15,000
	COLGATE PALMOLIVE	S	04-12-05	$1,001 - $15,000
	CONAGRA FOODS INC	S	06-08-05	$1,001 - $15,000
	DOMINION RES INC NEW VA	S	04-12-06	$1,001 - $15,000
	DEERE CO	S	04-12-05	$1,001 - $15,000
	DEERE CO	S	09-19-05	$1,001 - $15,000
	EXXON MOBIL CORP	S	04-12-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	EXXON MOBIL CORP	S	05-16-05	$1,001 - $15,000
	HEALTH CARE PPTY INVS	S	04-12-05	$1,001 - $15,000
	INTL BUSINESS MACHINES CORP	S	04-12-05	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A	S	04-12-05	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG	S	07-21-05	$1,001 - $15,000
	LOWE'S COMPANIES INC	S	04-12-05	$1,001 - $15,000
	MCKESSON CORPORATION	S	02-23-05	$1,001 - $15,000
	MBIA INC	S	04-12-05	$1,001 - $15,000
	MBNA CORP	S	07-05-05	$1,001 - $15,000
	MC CORMICK NON VTG	S	09-09-05	$1,001 - $15,000
	MEDTRONIC INC	S	04-12-05	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	04-12-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	QUALCOMM INC	S	04-12-05	$1,001 - $15,000
	QUALCOMM INC	S	10-31-05	$1,001 - $15,000
	SOUTHWEST AIRLNS CO	S	1-13-05	$1,001 - $15,000
	SYMANTEC CORP	S	02-09-05	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	01-31-05	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	04-12-05	$1,001 - $15,000
	VIACOM INC CL B	S	06-20-05	$1,001 - $15,000
	WALGREEN CO	S	02-09-05	$1,001 - $15,000
	WALGREEN CO	S	04-12-05	$1,001 - $15,000
	FEDERAL NATL MTG ASSOC	P	04-06-05	$15,001 - $50,000
	FEDERAL NATL MTG ASSOC	P	11-15-05	$15,001 - $50,000
	AMGEN INC COM PV	P	10-28-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	AMGEN INC COM PV	P	11-14-05	$1,001 - $15,000
	BAKER HUGHES INC	P	02-23-05	$1,001 - $15,000
	CHECK POINT SOFTWRE TECH	P	11-01-05	$1,001 - $15,000
	EBAY INC	P	02-09-05	$1,001 - $15,000
	EMERSON ELEC CO	P	09-19-05	$1,001 - $15,000
	EXXON MOBIL CORP	P	04-06-05	$1,001 - $15,000
	INTL BUSINESS MACHINES	P	05-16-05	$1,001 - $15,000
	JPMORGAN CHASE & CO	P	12-15-05	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	P	09-09-05	$1,001 - $15,000
	SLM CORP	P	07-06-05	$1,001 - $15,000
	STARWOOD HTLS & RESORTS PC	P	06-08-05	$1,001 - $15,000
	STARWOOD HTLS & RESORTS PC	P	11-14-05	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	UNITED PARCEL SVC CL B	P	11-22-05	$1,001 - $15,000
	FINANCING CORP COUPON STRIPS	Other	11-11-05	$1,001 - $15,000
	APOLLO GROUP INC CL A	S	11-22-05	$1,001 - $15,000
	AIR PRODUCTS & CHEM	S	12-15-05	$1,001 - $15,000
	ALCOA INC	S	05-26-05	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	02-09-05	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	11-14-05	$1,001 - $15,000
	BECKMAN COULTER INC	S	10-28-05	$1,001 - $15,000
	CONAGRA FOODS INC	S	06-08-05	$1,001 - $15,000
	DEERE CO	S	09-19-05	$1,001 - $15,000
	EXXON MOBIL CORP	S	05-16-05	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A	S	07-21-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	MCKESSON CORPORATION COM	S	02-23-05	$1,001 - $15,000
	MBNA CORP	S	07-05-05	$1,001 - $15,000
	MC CORMICK NON VTG	S	09-09-05	$1,001 - $15,000
	QUALCOMM INC	S	10-31-05	$1,001 - $15,000
	SOUTHWEST AIRLNS CO	S	1-13-05	$1,001 - $15,000
	SYMANTEC CORP	S	02-09-05	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	1-31-05	$1,001 - $15,000
	VIACOM INC CL B	S	06-20-05	$1,001 - $15,000
	WALGREEN CO	S	02-09-05	$1,001 - $15,000
	APOLLO GROUP INC CL A- IRA	S	11-22-05	$1,001 - $15,000
	BURLNGTN N SNTA FE- IRA	S	11-14-05	$1,001 - $15,000
	BECKMAN COULTER INC COM- IRA	S	10-28-05	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	QUALCOMM INC- IRA	S	10-31-05	$1,001 - $15,000
	MC CORMICK NON VTG- IRA	S	09-09-05	$1,001 - $15,000
	DEERE CO- IRA	S	09-19-05	$1,001 - $15,000
	DEERE CO- IRA	S	09-19-05	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A- IRA	S	07-21-05	$1,001 - $15,000
	ALCOA INC- IRA	S	05-26-05	$1,001 - $15,000
	CONAGRA FOODS INC- IRA	S	06-08-05	$1,001 - $15,000
	VIACOM INC CL B- IRA	S	06-20-05	$1,001 - $15,000
	EXXON MOBIL CORP- IRA	S	05-16-05	$1,001 - $15,000
	UNITED HEALTH GROUP INC- IRA	S	01-31-05	$1,001 - $15,000
	BURLNGTN N SNTA FE- IRA	S	02-09-05	$1,001 - $15,000
	SYMANTEC CORP- IRA	S	02-09-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	WALGREEN CO- IRA	S	02-09-05	$1,001 - $15,000
	MCKESSON CORPORATION- IRA	S	02-23-05	$1,001 - $15,000
	SOUTHWEST AIRLNS CO- IRA	S	01-13-05	$1,001 - $15,000
	MBNA CORP- IRA	S	07-05-05	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

4

LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 3:32
OFFICE OF THE C. ERK
U.S. HOUSE OF REPRESENTATIVES

MC

John N. Boozman
(Full Name)

37 Champions Blvd., Rogers, AR 72758
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: Arkansas District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Boozman	5-11-06

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name _____ Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENTS	INTEREST	RoyALTIES	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X										X						
JT	Northwest Mutual Life																X																
JT	AR National Bank																X						X										
JT	AG Edwards														X								X										
JT	Arvest Bank																X						X										
JT	AIM S-T Treasury				X												X						X										
JT	ABG Govt Bond Fund					X											X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS		INTEREST		EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	ABG Muni Bond Fund-AR				X											X								X								
JT	ABG Muni Bond Fund-Other					X										X									X							
JT	ABG Equity Fund							X						X		X											X					
JT	Ameritrade													X							X											
JT	Arvest Asset Mgmt401K																			N/A												

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Name | Page ___ of ___

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
JT	ABG Govt Bond Fund		X		9-30-05	X									
JT	ABG Muni Bond Fund		X		12-31-05	X									
JT	ABG Equity Fund		X		1-31-05	X									
JT	ABG Equity Fund		X		6-30-05	X									
JT	ABG Equity Fund		X		8-31-05	X									
JT	ABG Equity Fund		X		12-31-05	X									
JT	ABG Govt Bond Fund	X			2-8-05	X									
JT	ABG Govt Bond Fund	X			9-7-05	X									
JT	AIM S-T Treasury Fund	X			1-4-05	X									
JT	AIM S-T Treasury Fund	X			1-14-05	X									
JT	AIM S-T Treasury Fund	X			2-2-05	X									
JT	AIM S-T Treasury Fund	X			7-5-05	X									
JT	AIM S-T Treasury Fund	X			9-2-05	X									
JT	AIM S-T Treasury Fund	X			10-12-05	X									

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JOHN BOOZMAN
2ND DISTRICT, ARKANSAS
www.boozman.house.gov
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
AVIATION
HIGHWAYS, TRANSIT, AND PIPELINES
WATER RESOURCES AND ENVIRONMENT
POLICY COMMITTEE
SPEAKER'S TASK FORCE FOR A DRUG FREE AMERICA

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515

INTERNATIONAL RELATIONS
SUBCOMMITTEES:
AFRICA, GLOBAL HUMAN RIGHTS AND INTERNATIONAL OPERATIONS
MIDDLE EAST AND CENTRAL ASIA

VETERANS' AFFAIRS
SUBCOMMITTEES:
CHAIRMAN
ECONOMIC OPPORTUNITY
OVERSIGHT AND INVESTIGATIONS

May 12, 2006

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U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER

MC
2

Clerks Office
B210 Canon HOB

To Whom it May Concern

I am submitting an amendment in the form of an addition to my financial disclosure.

If you have any questions please contact my Office Manager Katharine McKenny at 202-225-4301.

Sincerely,

John Boozman
Member of Congress

1519 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4301
FAX: (202) 225-5713

213 WEST MONROE, SUITE K
LOWELL, AR 72745
(479) 725-0400
FAX: (479) 725-0408

4943 OLD GREENWOOD ROAD, SUITE 1
FORT SMITH, AR 72903
(479) 782-7787
FAX: (479) 783-7662

303 NORTH MAIN, SUITE 102
HARRISON, AR 72601
(870) 741-6900
FAX: (870) 741-7741

Name	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000	I $5,000,001–$25,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		X			
JT	Honda Financing	Vehicle loan	X				
JT	GMAC	Vehicle loan	X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

John N. Boozman
(Full Name)

37 Champions Blvd. Rogers, AR 72758
(Mailing Address)

202-225-4301
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representative — State: AR District: 03	☐ Officer Or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Boozman	5/23/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John N. Boozman

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Northwest Mutual Life	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
JT	AR National Bank	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Arvest Bank	$1,001 - $15,000	INTEREST	$1 - $200	
JT	AIM S-T Treasury	$1,001 - $15,000	INTEREST	$1 - $200	
JT	ABG Muni Bond Fund-AR	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
JT	ABG Muni Bond Fund-Other	$50,001 - $100,000	INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John N. Boozman

JT	ABG Equity Fund	$100,001 - $250,000	DIVIDENDS	$15,001 - $50,000	
JT	First City Financie Corp	$1 - $1,000	DIVIDENDS	NONE	
JT	Boozman-Hof 401k Profit Sharing Plan (This fund is not self directed)	$500,001 - $1,000,000	DIVIDENDS	NONE	
JT	ABG Govt Bond Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

HAND DELIVERED

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2006 MAY 12 AM 11:57

(Office Use Only)

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Madeleine Z. Bordallo
(Full Name)

427 Cannon House Office Building Washington, DC 20515
(Mailing Address)

202 225 1188
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representative — State: GU — District AL ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Madeleine Z. Bordallo	5/12/06

SCHEDULE I - EARNED INCOME

Name Madeleine Z. Bordallo

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Government of Guam, Lieutenant Governor	Lieutenant Governor's Pension	$47,812.41
Government of Guam, Survivor's Benefit	Survivor's Benefit Pension	$14,062.41

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Madeleine Z. Bordallo

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
(Jonestown) 160 Trenton Blvd. Tamuning, Guam 96912	$500,001 - $1,000,000	Rent	$50,001 - $100,000	
(Silver Meadow) 5747 NE 61st Street Marion County Ocala, FL 34479	$0	Rent/CAPITAL GAINS	$50,001 - $100,000	S
(Westbury) 5500 SW 30th Avenue Marion County Ocala, FL 34474	$500,001 - $1,000,000	Rent	$15,001 - $50,000	
Checking Account SunTrust Bank Ocala, FL	$50,001 - $100,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Madeleine Z. Bordallo

	Checking Account "MZB Enterprise" Bank of Guam Hagatna, Guam 96910	$50,001 - $100,000	NONE	NONE	
	Checking Account Congressional Federal Credit Union	$15,001 - $50,000	INTEREST	$1 - $200	
	Certificates of Deposit (4) Congressional Federal Credit Union	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
	Certificate of Deposit (1) Family Finance Hagatna, Guam	$0	INTEREST	$201 - $1,000	
	Undeveloped real property Lot 20 Block 262 Willow Way Marion County Ocala, FL	$0	CAPITAL GAINS	$15,001 - $50,000	S

SCHEDULE IV - TRANSACTIONS

Name Madeleine Z. Bordallo

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Undeveloped real property Lot 20 Block 262 Willow Way Marion County Ocala, FL	S	5-06-05	$15,001 - $50,000
	(Silver Meadow) 5747 NE 61st Street Marion County Ocala, FL 34479	S	6-20-05	$100,001 - $250,000
	(Pre-Construction Contract payment for a condominium) Nevada Title Company (Turnberry Associates) Turnberry West Tower Paradise Road and Karen Avenue Las Vegas, Nevada	P	2-15-05	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Madeleine Z. Bordallo

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. *Mark the highest* amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the *preceding calendar year exceeded* $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of Guam *Hagatna, Guam 96910*	Mortgage on 160 Trenton Blvd (Tamuning rental home) Tamuning, Guam 96912	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Madeleine Z. Bordallo

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
General Federation of Women's Clubs of North Carolina	Apr. 20-21	Wash., D.C.--Raleigh,N.C.--Wash.,D.C.	Y	Y	N	0
American Legacy Foundation	Jul. 22-24	Houston, TX--Chicago, IL--Wash.,DC	Y	Y	N	0
US-Japan Legislative Exchange Program	Nov. 28-Dec. 2	Guam--Tokyo--Guam	Y	Y	N	0

SCHEDULE VIII - POSITIONS

Name Madeleine Z. Bordallo

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
(Unpaid) Board of Directors	Latte of Freedom Foundation Hagatna, Guam 96910
(Unpaid) Board of Directors	R. J. Bordallo Foundation Hagatna, Guam 96910
(Unpaid) Advisor	Salvation Army of Guam Hagatna, Guam 96910

FOOTNOTES

Name Madeleine Z. Bordallo

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule VII	Guest Speaker at North Carolina Women's Clubs Convention.	Item 1
2	Schedule VII	Attended symposium as Chair of CAPAC Health Task Force on health care issues with CAPAC, CHC, CBC and community representatives.	Item 2
3	Schedule VII	Parliamentary exchange program with Japan. MECA qualified trip.	Item 3

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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2006 MAY 15 PM 5:02
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(Full Name) DAVID DANIEL BOREN

(Mailing Address) 818 North David Lane
Muskogee, OK

Daytime Telephone 202-225-2701

Filer Status	[X] Member of the U.S. House of Representatives — State: Oklahoma District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Daniel Boren	5/15/06

Name David Daniel Boren | Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	United States House of Representatives		$165,200
	Spouse Salary (Andrea Lou Boren) ⇒ Married in July, 05 Shady Grove Fertility		$5,000

For payments to charity in lieu of honoraria, use Schedule II.

Name David Daniel Boren | Page 3 of 11

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Daniel Boren

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp Stock	E	DIVIDENDS	VI	P
DC	Simon & Schuster	indefinite	Royalties	IX	
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
	Trophy Club Ranch, Commercial Hunting Operation Bolesville, Tx.	F	Partnership/ Income	I	partial sale
	AVAD, Limited Co, Mining Madill, OK (7.69% int)	D	Partnership Income	III	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Daniel Boren

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Land Oil Co, Ltd, Madill, OK (including)	VII	Partnership Income	VII	
	LOCL Federated Capital Reserves money mkt. fund	C	DIVIDENDS	II	other
	LOCL GRDA(OK) Bonds	C	INTEREST	interest	other
	LOCL - Interest in Courage Special Situation Fund LP Investment, Nashville, TN	D	Partnership Income	III	
	LOCL - Note Receivable from J.B. Coleman, Kingston, OK	C	INTEREST	interest; I	
	LOCL - OK state munic. power authority, power supply systems bonds	C	INTEREST	interest; II	
	LOCL Real Estate in ADA, OK	C	RENT	rent; II	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Daniel Boren

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transactio P, S, E
	(Land Oil Co. Continued)																															
	LOCL Real Estate in Kingfisher OK			X											X					rent	X											
	[redacted]																															
	[redacted]																															other
	[redacted] Assets/Other																															
	Red River Pine LLC Madill, OK, Timber Harvests							X												partnership income						X						
	RPL Restaurant Grp. Longview, Tx Franchise			X																partnership income	X											
	IRA AG Edwards Longview, Tx			X																IRA	X											
	Sep IRA Southwest Sec. Longview, Tx				X															IRA	X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Daniel Boren

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transactio
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Downtown Investment Group LLC Wework-JK Real Estate	X																		partnership income	X										

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Name David Daniel Boren | Page 8 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Trophy Club Ranch		X		12/05				X						
	[redacted]														
	LOCL - Alliance Bernstein Capital Reserves Money Mkt Fund Balance transfered to Federated capital Reserve money mkt Fund	other			2005	X									
	LOCL - GRDA (OK) Bond Maturity of Part of Holdings	other			6-1-05	X									
	LOCL - Real Estate In Kingston, OK	X			2005	X									
	701 Boren Blvd., Seminole, OK		X		2005		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	First National Bank of Wewoka, OK	Campaign Loan				X						
	First United Bank, Durant OK	Campaign Loan / Paid off										
	First [redacted] State Bank, Hallsville	unsecured	X									
	Tx.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Trophy Club Ranch, Butosville, Tx
Partner	AVA O Limited Co., Madill, OK
Partner	Land Oil Company, Ltd. Madill, OK
Partner	Red River Pine Ltd., Madill OK
Partner	RPL Restaurant Grp, LP, Longview, Tx
Partner	Downtown Investment Group, LLC, Wewoka, OK
Member of Board	Jasmine Moran Children's Museum, Seminole, OK

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

DAN BOREN
2ND DISTRICT, OKLAHOMA

WASHINGTON OFFICE:
218 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2701
FAX: (202) 225-3038
WWW.BOREN.HOUSE.GOV

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2006 MAY 25 AM 9:45

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HOUSE OF REPRESENTATIVES

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COMMITTEE ON RESOURCES
SUBCOMMITTEE ON ENERGY AND MINERAL RESOURCE
SUBCOMMITTEE ON FORESTS AND FOREST HEALTH

Congress of the United States
House of Representatives
Washington, DC 20515-3602

✓ MC

To: Clerk of the House of Representatives

From: Congressman Dan Boren

Date: May 24, 2006

Re: Clarification to Calendar Year 2005 Financial Disclosure

I would like to clarify three items on my Calendar Year 2005 Financial Disclosure submitted May 15, 2006:

On Page 1, in the Exclusion of Spouse, Dependent, or Trust Information section, Exemption subsection, I inadvertently marked "yes." I should have marked "no."

On Page 6, I have listed an AG Edwards IRA as an asset and/or income source. That is an MFS SFP TR 1 Strategic Growth IRA (symbol: MSBGX). The net change in value of this IRA in 2005 was $88.84.

On Page 6, I have listed a Southwest Securities Sep IRA as an asset and/or income source. That is a Scudder Total Return IRA (sym: KTRBX). The net change in value of this IRA in 2005 was $745.59. This asset was inadvertently left off of previous reports I filed.

Claremore
309 W. 1st Street
Claremore, OK 74017

McAlester
321 South Third, Ste. 4
McAlester, OK 74501

Muskogee
431 W. Broadway
Muskogee, OK 74401

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

5 LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 2:46
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Leonard L. Boswell
(Full Name)
4323 Grand Ave, #433
(Mailing Address)
Des Moines, IA. 50312
202 225 3806
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Leonard L Boswell	5-11-06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Central Decatur Community School	Spouse Salary	270.00
	Lamoni Community School	Spouse Salary	855.00
	State of Iowa	Legislative pension	8,038.34
	Clarke Community School	Spouse Salary	17,443.60

For payments to charity in lieu of honoraria, use Schedule II.

* SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP																																
DC	Examples: SP Mega Corp. Stock					X								X																		P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Agricultural Land 475 A. NewBalto/Burrell Township, Daviess Co. IL							X									N/A								N/A							
	Farm Equipment						X										N/A								N/A							
	Breeding Stock (Cattle)						X								Sale of calves													X				
*	Lyrix Co (Cellular Tower)					N/A								X										X								

* Don't know value – doesn't belong to me. I leased space for Tower location.

For additional assets and unearned income, use next page.

Name Leonard L. Boswell | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		X			10–12–05		X								
	Sale of calves			X					X							

This page may be copied if more space is required.

Name Leonard L. Boswell | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Great Western Bank, Leon, IA	Loan on Farm Tractor		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

LEONARD L. BOSWELL
3rd District, Iowa

OFFICES:
1427 Longworth House Office Building
Washington, DC 20515
(202) 225-3806

300 East Locust Street
Suite 320
Des Moines, IA 50309
(515) 282-1909

Toll Free Iowa Number
1-888-432-1964

http://boswell.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515–1503

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U.S. HOUSE OF REPRESENTATIVES

Committees:
Agriculture
Subcommittee on General Farm Commodities and Management
Subcommittee on Livestock and Horticulture
Transportation and Infrastructure
Subcommittee on Aviation
Subcommittee on Railroads
Permanent Select Committee on Intelligence
Subcommittee on Terrorism, Human Intelligence, Analysis, and Counterintelligence

May 17, 2006

MC

Karen L. Haas, Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Ms. Haas:

I am hereby amending my Financial Disclosure Statement for Calendar Year 2004 and 2005 to reflect under the section "Exclusion of Spouse, Dependent, or Trust Information" that I should have checked "no" in both instances for calendar year 2004 and 2005.

Sincerely,

Leonard L. Boswell
Member of Congress

LLB:sc

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 4:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Frederick C. Boucher
(Full Name)

2187 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3861
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: VA — District: 09 — Officer Or Employee — Employing Office:

Report Type: (☑) Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Frederick C. Boucher	5/10/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
1	Bank of America Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
2	Nations Securities Savings Accoutn	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
3	BBT Common Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
4	South Financial Group	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
5	Vanguard S&P 500 Index Mutual Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
6	Rydex Over the Counter Mutual Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

7	New River Funds Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
8	Individual Retirement Account, Nations Securities	$15,001 - $50,000	DIVIDENDS/INTEREST	$1,001 - $2,500	
9	Individual Holdings in Retirement Account King Pharmaceuticals Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
10	Jabil Circuit, Inc. Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
11	General Motors Corporation Class H Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
12	Echostar Communications Class A Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
13	Fidelity Select Developing Communications Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
14	Rydex OTC Investor Class Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
15	Fidelity 4-in-1 Index Fund	$15,001 - $50,000	DIVIDENDS/INTEREST	$201 - $1,000	P
16	Harbor International Mutual Funds	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
17	Lot - Town of Damascus	$1,001 - $15,000		NONE	
18	Lot - Washington County	$1,001 - $15,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
1	Vanguard S&P 500 Index Mutual Fund	P	10-04-05	$1,001 - $15,000
2	Individual Holdings in Retirement Account King Pharmaceuticals Common Stock	S	12-27-05	$1,001 - $15,000
3	General Motors Corporation Class H Common Stock	S	12-27-05	$1,001 - $15,000
4	Echostar Communications Class A Common Stock	S	12-27-05	$1,001 - $15,000
5	Fidelity Select Developing Communications Mutual Fund	S	12-27-05	$1,001 - $15,000
6	Fidelity 4-in-1 Index Fund	P	12-27-05	$1,001 - $15,000
7	Harbor International Mutual Funds	P	12-27-05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Frederick C. Boucher

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
please see attached Page 5A			N	N	N	

SCHEDULE VII
TRAVEL PAYMENTS AND REIMBURSEMENTS

Source	Dates	Point of Departure - Destination - Point of Return	Lodging	Food	Family Member Included	Any time not at Sponsor's Expense
Microsoft Corporation – Speech to Microsoft conference on elements of upcoming telecommunications law reform	4/15/05 - 4/18/05	Washington, DC - Seattle - Washington, DC	Yes	Yes	No	2 days
Salt River Project Electric Power Cooperative – Presentation to Executive Officers of Cooperative on treatment of public power entities in comprehensive energy legislation	1/05/05-1/06/05	Washington, DC – Phoenix – Washington, DC	Yes	Yes	No	No
Large Public Power Council – Speech to conference on treatment of public power entities in comprehensive energy legislation	1/07/05-1/09/05	Washington, DC – Phoenix – Tuscan – Washington, DC	Yes	Yes	No	No
Western Business Roundtable – Speech to Business Summit of the West on Federal Policies addressing global climate change	11/26/05 – 11/28/05	Abingdon, VA –Carefree, AZ –Abingdon, VA	Yes	Yes	No	No

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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4 LEGISLATIVE RESOURCE CENTE

2006 MAY 11 PM 2:52

MC

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Charles William Boustany Jr.
(Full Name)

104 Roswell Crossing
Lafayette, LA 70508
(Mailing Address)

Daytime Telephone: 202-225-2031

Filer Status	[X] Member of the U.S. House of Representatives — State: LA District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	C. W. Boustany Jr.	5/10/06

Name Charles W. Boustany, Jr. | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Paul Revere Life Insurance Co. as administrator for New York Life Insurance Co.	Proceeds from disability policies	~~[illegible]~~ 264,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Charles William Boustany Jr | Page 3 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah KY accounts						X									X										X						
JT	Iberia Bank Accounts				X											X						X										
JT	Congressional Federal Credit Union Bank Account				X																X											
JT	Congressional Federal Credit Union Savings Acct.		X													X						X										
JT	JP Morgan Chase			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles William Boustany Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Hillcorp Energy																			Royalty				X								
SP	Vintage Petroleum																			Royalty				X								
SP	Whittier Operating Inc																			Royalty		X										
SP	Amerada Hess																			Royalty		X										
SP	Plains Marketing																			Royalty		X										
SP	Devon Louisiana Corp																			Royalty				X								
SP	BEPCO LP																			Royalty			X									
JT	Charles W. Boustany, Jr MD Professional Medical Corp. Profit Sharing Plan with National Financial Services							X												Retirement Plan			N/A									
JT	Cash Account with National Financial Services				X											X							X									

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

F. Allen Boyd, Jr
(Full Name)

4867 Ashville Highway Monticello, FL 32344
(Mailing Address)

202-225-5235
Daytime Telephone:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☑ Member of the U.S. House of Representatives	State: FL District: 2	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	*Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child* because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	F. Allen Boyd, Jr.	5-17-06

SCHEDULE I - EARNED INCOME

Name F. Allen Boyd, Jr

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Florida Insurance Consultants	Spouse Commission	N/A
Boyd Family Farms	Spouse Management	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd, Jr

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
ABC Capital Bank	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
Capital City Bank	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
Boyd-Tuten Cattle Farm	$100,001 - $250,000	CAPITAL GAINS	NONE	
Wright-Patman FCU	$15,001 - $50,000	INTEREST	$201 - $1,000	
Boyd Family Farms, Inc.	$500,001 - $1,000,000	DIVIDENDS	$5,001 - $15,000	
Coastal Plains Farmers Group	$1,001 - $15,000	DIVIDENDS/INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd, Jr

	BCT Cotton Gin	$500,001 - $1,000,000	DIVIDENDS/RENT/INTEREST	$50,001 - $100,000	
	F.A. Boyd & Sons	$1,000,001 - $5,000,000	DIVIDENDS	NONE	
	FABJ Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
	SEP-IRA/Janney Montgomery Scott	$50,001 - $100,000	DIVIDENDS	$1 - $200	
	Flyway Farm & Flatwood-- Greenville, FL	$500,001 - $1,000,000	Other: Real Estate	NONE	
	Life Insurance	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	Millwood	$500,001 - $1,000,000	Other: Real Estate	NONE	P

SCHEDULE IV - TRANSACTIONS

Name F. Allen Boyd, Jr

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Millwood	P	09/05	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name F. Allen Boyd, Jr

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Farm Credit Service	Mortgage on Flyway Farms, Flatwood, and Millwood	$500,001 - $1,000,000
	Farmers and Merchants Bank	Mortgage (secured by stock)	$100,001 - $250,000

SCHEDULE VI - GIFTS

Name	

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
			Y	Y	Y	

SCHEDULE VIII - POSITIONS

Name F. Allen Boyd, Jr

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President and Majority Stockholder	Boyd Family Farms, Inc.
President	FABJ, Inc.
Board Member	FA Boyd & Sons, Inc.
Vice President	Boyd-Tuten Cattle Farm

SCHEDULE IX - AGREEMENTS

Name	

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED 48
LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 12:46 MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JOSEPH E. BRADLEY III
(Full Name)

645 SOUTH MAIN STREET WOLFEBORO, NH 03894
(Mailing Address)

202-225-5456
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: NH District: 01	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? *If yes, complete and attach Schedule I.*	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? *If yes, complete and attach Schedule VI.*	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 11 2006

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JOSEPH E. BRADLEY III

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Community Bank & Trust Co. - Common Stock	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000	
	Community Bank & Trust Co. Bank Accounts	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
SP	Zurcher Kantonal Bank (see schedules attached)	$250,001 - $500,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$5,001 - $15,000	
SP	Community Bank & Trust Co. - Bank Account	$1,001 - $15,000	INTEREST	$1 - $200	
	The Mermil, Ltd	$1,001 - $15,000	ROYALTY	$201 - $1,000	
	Goldman Sachs Trust #-125 (see schedules attached)	$1,000,001 - $5,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$100,001 - $1,000,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JOSEPH E. BRADLEY III

	Goldman Sachs Trust #-143 (see schedules attached)	$250,001 - $500,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$1,001 - $2,500	
	Land - Colorado	$100,001 - $250,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name JOSEPH E. BRADLEY III

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Land - Colorado	P	07-15-05	$100,001 - $250,000
SP	Ant. ZBK Fonds Aktein Schweitz (Zurcher Kantonalbank Trust)	S	01-27-05	$1,001 - $15,000
SP	5% BNG 2002-2007 EMTN (Zurcher Kantonalbank Trust)	S	07-27-05	$15,001 - $50,000
SP	Grossbrittalen & Nord (Zurcher Kantonalbank Trust)	S	08-25-05	$1,001 - $15,000

FOOTNOTES

Name JOSEPH E. BRADLEY III

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Goldman Sachs Money Market Fund on 2004 Statement has been included in Goldman Sachs Trust #125 for 2005	Goldman Sachs Trust #-125
2	Schedule III	See statements attached for detail of activity in Zurcher Kanto nal Bank	Zurcher Kantonal Bank
3	Schedule III	See statements attached for detail of activity in Goldman Sachs Trusts $125 and #143	Goldman Sachs Trusts #125 and #143

PERIOD ENDED: DECEMBER 31, 2005

YOUR ACCOUNT
HELEN J. BRADLEY
GENERATION SKIPPING TRUST
UNDER AGREEMENT DATED 4/1/94
FOR THE BENEFIT OF
JOSEPH E. BRADLEY
THE GOLDMAN SACHS TRUST CO. N.A.
AS TRUSTEE
ACCOUNT NUMBER: 47-000143
INVESTMENT OBJECTIVE: MANAGED GROWTH W/ INCOME

YOUR ACCOUNT OFFICER
KATHLEEN S KINNE, TRUST OFFICER, 302-778-5412
MICHAEL MASTERSON, TRUST INVESTMENT OFFICER, 212-357-0034
JEREMY LEWIS, RELATIONSHIP MANAGER, 800-323-5678
601 DELAWARE AVENUE 2ND FLOOR, WILMINGTON DE 19801

THE GOLDMAN SACHS TRUST COMPANY NA
601 DELAWARE AVENUE 2ND FLOOR
WILMINGTON DE 19801

Goldman Sachs
Trust Company

The Goldman Sachs Trust Company, N.A. and The Goldman Sachs Trust Company of Delaware are affiliates of The Goldman Sachs Group, Inc.

ACCOUNT STATEMENT

Investment Summary

Portfolio Value Summary

	12/31/04 Value	12/31/05 Value
Equity Funds	$ 22,149	$ 205,651
Fixed Income	51,979	0
Fixed Income Funds	0	56,617
Cash Equivalents	1,413	32,132
Total Value	**$ 75,540**	**$ 294,401**

Income Summary

	Current Period	Year to Date
Dividends	$ 14,019	$ 14,019
US Treasury & Agency Interest	0	0
Corporate Interest	0	0
Tax Exempt Interest	2,625	2,625
Other Income	0	0
Total Income	**$ 16,644**	**$ 16,644**

Market Indicators (Prices Change Only)

	12/31/04	12/31/05	% Change
S&P 500	1211.92	1248.29	+3.0%
Dow Jones (DJIA)	10783.01	10717.50	-0.6%
Nasdaq	2175.44	2205.32	+1.4%
Russell 2000	651.57	673.22	+3.3%
EAFE	1515.48	1680.13	+10.9%
10 yr. Treasury	4.22%	4.39%	
3-month T-Bill	2.18%	4.07%	

Capital Gain/Loss Summary - Year to Date

Tax Year Ends December 31	Federal
Carryover Loss-Short Term	$ 0
Carryover Loss-Long Term	0
Gain/Loss-Short Term	0
Gain/Loss-Long Term	-14,798

Estimated Annual Income

	Amount
Dividends	$ 1,634
Other Interest	3,555
Total Income	**$ 5,688**
Yield on Current Market Value	1.9%
Yield on Tax Cost	1.9%

Valuation of Investments

47-000143 Period Ended: December 31, 2005 Page 3 of 9

Current Portfolio

Shares/Par	Description	Ticker	Price	Market Value	Tax Cost	Estimated Income	Yield on Market
Equity Funds							
4,612.634	Goldman Sachs Cor Growth - Ins	GCRIX	13.020	60,064	62,012	0	0.0%
4,674.58	Goldman Sachs Large Cap Value Fund	GSLIX	12.600	59,834	54,883	631	1.1%
787.031	Goldman Sachs Real Estate Securities Fd	GREIX	18.100	14,245	14,908	324	2.3%
970	Ishares MSCI EAFE Index Fund	EFA	59.430	57,647	59,375	779	1.4%
240	Ishares S&P Smallcap 600	IJR	57.800	13,872	14,171	99	0.7%
Total Equity Funds				205,653	212,381	1,834	0.8%
Fixed Income Funds							
3,610.758	Goldman Sachs Municipal Income Fund	GSMTX	15.880	58,817	56,400	2,517	4.4%
Total Fixed Income Funds				58,817	56,400	2,517	4.4%
Cash Equivalents							
20,807.8	Goldman Sachs FSQ Prime		1.000	20,808	20,608	863	4.2%
	Uninvested Principal			0	0	0	0.0%
11,524.08	Goldman Sachs FSQ Prime		1.000	11,524	11,524	480	4.2%
	Uninvested Income			0	0	0	0.0%
Total Cash Equivalents				32,132	32,132	1,339	4.2%
Total Value				294,401	300,913	5,688	1.9%

Statement of Transactions

Detail for Date Activity

Date	Description	Shares/Par	Income Cash	Principal Cash
Additions & Receipts				
02/18/05	Receive Cash From Prior Trustee Check Received From Wilmington Trust CO.			207,274.37
Total Additions & Receipts			0.00	207,274.37
Dividends				
01/03/05	Cash Dividend Goldman Sachs FSG Prime		2.32	
02/01/05	Cash Dividend Goldman Sachs FSG Prime		2.54	
02/01/05	Cash Dividend Goldman Sachs FSG Prime		3.78	
03/01/05	Cash Dividend Goldman Sachs FSG Prime		81.74	
04/01/05	Cash Dividend Goldman Sachs FSG Prime		6.00	
04/01/05	Cash Dividend Goldman Sachs FSG Prime		439.63	
05/02/05	Cash Dividend Goldman Sachs FSG Prime		7.14	
05/02/05	Cash Dividend Goldman Sachs FSG Prime		456.07	
06/01/05	Cash Dividend Goldman Sachs FSG Prime		8.88	
06/01/05	Cash Dividend Goldman Sachs FSG Prime		805.76	
07/01/05	Cash Dividend Goldman Sachs FSG Prime		10.36	
07/01/05	Cash Dividend Goldman Sachs FSG Prime		558.31	
08/01/05	Cash Dividend Goldman Sachs FSG Prime		12.63	
08/01/05	Cash Dividend Goldman Sachs FSG Prime		554.15	
09/01/05	Cash Dividend Goldman Sachs FSG Prime		16.92	
09/01/05	Cash Dividend Goldman Sachs FSG Prime		663.03	
10/03/05	Cash Dividend Goldman Sachs FSG Prime		20.86	
10/03/05	Cash Dividend Goldman Sachs FSG Prime		737.78	
11/01/05	Cash Dividend Goldman Sachs FSG Prime		24.86	

Statement of Transactions

Details for Cash Activity (continued)

Date	Description	Shares/Par	Income Cash	Principal Cash
11/01/05	Cash Dividend Goldman Sachs FSG Prime		802.41	
12/01/05	Cash Dividend Goldman Sachs FSG Prime		28.27	
12/01/05	Cash Dividend Goldman Sachs FSG Prime		654.70	
12/01/05	Cash Dividend Goldman Sachs Municipal Income Fund	3,610.755	54.24	
12/09/05	Cash Dividend Goldman Sachs Real Estate Securities Fd	742.105	35.18	
12/09/05	Cash Dividend Goldman Sachs Con Growth - Ins	4,505.576	182.93	
12/09/05	Cash Dividend Goldman Sachs Large Cap Value Fund	4,340.974	587.33	
12/13/05	Cap Gain Dist (Long) Cash Transfer-Rec Goldman Sachs Con Growth - Ins	80.131		794.33
12/13/05	Cap Gain Dist (Short) Cash Transfer-Rec Goldman Sachs Con Growth - Ins	46.727		6[illegible]7.26
12/13/05	Cap Gain Dist (Long) Cash Transfer-Rec Goldman Sachs Real Estate Securities Fd	43.562		784.55
12/13/05	Cap Gain Dist (Short) Cash Transfer-Rec Goldman Sachs Real Estate Securities Fd	1.364		24.56
12/14/05	Cap Gain Dist (Long) Cash Transfer-Rec Goldman Sachs Large Cap Value Fund	254.542		3,268.32
12/14/05	Cap Gain Dist (Short) Cash Transfer-Rec Goldman Sachs Large Cap Value Fund	79.044		1,014.92
12/30/05	Cash Dividend Ishares S&P Smallcap 600 Rec Dt 12/28/2005 Pay Dt 12/30/2005	240	31.08	
12/30/05	Cash Dividend Ishares MSCI EAFE Index Fund Rec Dt 12/28/2005 Pay Dt 12/30/2005	970	1,076.40	
Total Dividends			**7,515.34**	**8,503.84**
Interest				
02/15/05	Interest Payment New Hampshire Mun Bd Bk 07/01/1995 5.25% 08/15/2006	50,000	1,312.50	
08/15/05	Interest Payment New Hampshire Mun Bd Bk 07/01/1995 5.25% 08/15/2006	50,000	1,312.50	
Total Interest			**2,625.00**	**0.00**

Statement of Transactions

Detailed Cash Activity (continued)

Date	Description	Shares/Par	Income Cash	Principal Cash
Taxes				
04/12/05	Federal Fiduciary Tax - Balance Due Paid To United States Treasury 2004 Federal Fiduciary Balance Due		-13.00	
04/12/05	Federal Fiduciary Tax - Estimate Paid To United States Treasury 2005 First Quarter Federal Estimates		-16.00	
Total Taxes			**-29.00**	**0.00**
Purchases				
11/23/05	Purchase Settlement 3,610.755 Shares Goldman Sachs Municipal Income Fund	3,610.755		-56,400.00
11/23/05	Purchase Settlement 4,505.576 Shares Goldman Sachs Con Growth - Ins	4,505.576		-60,600.00
11/23/05	Purchase Settlement 4,340.974 Shares Goldman Sachs Large Cap Value Fund	4,340.974		-60,600.00
11/23/05	Purchase Settlement 742.105 Shares Goldman Sachs Real Estate Securities Fd	742.105		-14,100.00
11/28/05	Purchase Cash Settlement 970 Shares Ishares MSCI EAFE Index Fund 970 Units @ 58.08	970		-56,376.40
11/28/05	Purchase Cash Settlement 240 Shares Ishares S&P Smallcap 600 240 Units @ 58.92	240		-14,170.80
12/13/05	Reinvestment 60.131 Shares Goldman Sachs Con Growth - Ins	60.131		-794.33
12/13/05	Reinvestment 46.727 Shares Goldman Sachs Con Growth - Ins	46.727		-617.26
12/13/05	Reinvestment 43.562 Shares Goldman Sachs Real Estate Securities Fd	43.562		-784.55
12/13/05	Reinvestment 1.364 Shares Goldman Sachs Real Estate Securities Fd	1.364		-24.56

Statement of Transactions

Details for Cash Activity (continued)

Date	Description	Shares/Par	Income Cash	Principal Cash
12/14/05	Reinvestment 254.542 Shares Goldman Sachs Large Cap Value Fund	254.542		-3,268.32
12/14/05	Reinvestment 79.044 Shares Goldman Sachs Large Cap Value Fund	79.044		-1,014.82
Total Purchases			0.00	-268,751.14
Sales & Maturities				
08/15/05	Called Security 50,000 Par Value @ 1.02 New Hampshire Mun Bd Bk 07/01/1985 5.25% 08/15/2006 Registered IN Code 5 CO	50,000		51,000.00
11/23/05	Sale Settlement 2,190.787 Shares Wilmington Large Cap Gr-Inst Fed Long Term Loss: 15,881.29 State Long Term Loss: 15,881.29	2,190.787		24,580.63
Total Sales & Maturities			0.00	75,580.63
Other				
12/13/05	Cap Gain Dist (Long) Cash Transfer-Dis		-784.33	
12/13/05	Cap Gain Dist (Long)- Rec		784.33	
12/13/05	Cap Gain Dist (Short) Cash Transfer-Dis		-617.26	
12/13/05	Cap Gain Dist (Short) - Rec		617.26	
12/13/05	Cap Gain Dist (Long) Cash Transfer-Dis		-784.55	
12/13/05	Cap Gain Dist (Long)- Rec		784.55	
12/13/05	Cap Gain Dist (Short) Cash Transfer-Dis		-24.56	
12/13/05	Cap Gain Dist (Short) - Rec		24.56	
12/14/05	Cap Gain Dist (Long) Cash Transfer-Dis		-3,268.32	
12/14/05	Cap Gain Dist (Long)- Rec		3,268.32	
12/14/05	Cap Gain Dist (Short) Cash Transfer-Dis		-1,014.82	
12/14/05	Cap Gain Dist (Short) - Rec		1,014.82	
Total Other			0.00	0.00

FEDERAL SCHEDULE D (GAIN/LOSS SCHEDULE)

01/01/2005 TO 12/31/2005

ACCOUNT: 47-000143
HELEN BRADLEY 4/16/99 GST FBO JOSEPH
TAXPAYER ID: 91-6191897

ADMINISTRATOR: AS
INV OFFICER: AS
TAX OFFICER: Unassigned

UNITS	SECURITY	DATE ACQUIRED	DATE DISPOSED	PROCEEDS	BASIS DISPOSED	GAIN/(LOSS)
Gain/loss period is long						
Disposal method: redemption						
50,000	NEW HAMPSHIRE MUN BD BK 01/01/1996 5.25% 08/15/2008	06/21/95	08/15/05	51,000.00	49,875.00	1,125.00
Total for disposal method: redemption				51,000.00	49,875.00	1,125.00
Disposal method: sale						
2,190.737	WILMINGTON LARGE CAP GR-INST			24,380.63	40,461.92	15,881.29-
828.272	Lot #: 2	07/13/95	11/22/05	9,293.21	12,000.00	2,706.79-
95.749	Lot #: 3	12/29/95	11/22/05	1,085.52	1,666.58	581.06-
116.112	Lot #: 4	12/30/96	11/22/05	1,302.97	2,224.68	921.71-
152.722	Lot #: 5	12/31/97	11/22/05	1,713.54	3,228.55	1,515.01-
142.701	Lot #: 6	12/31/98	11/22/05	1,601.11	3,326.34	1,733.23-
37.657	Lot #: 7	12/28/99	11/22/05	422.51	1,246.07	823.56-
701.273	Lot #: 8	12/18/00	11/22/05	7,868.27	11,816.44	3,948.17-
115.303	Lot #: 9	12/18/00	11/22/05	1,293.70	1,942.86	649.16-
Total for disposal method: sale				24,580.63	40,461.92	15,881.29-
Total for Gain/Loss period: long				75,580.63	90,336.92	14,756.29-
Disposal method: CTF Gain/Loss Distribution						
CTF Long Term Gain:						0.00
CTF Long Term Loss:						0.00

Note: Unknown and N/A amounts are treated as 0.00 in totals and subtotals.

PERIOD ENDED: DECEMBER 31, 2006

YOUR ACCOUNT
JOSEPH E. BRADLEY REVOCABLE TRUST
UNDER AGREEMENT DATED 3/6/74 RSTD 8/7/91
THE GOLDMAN SACHS TRUST CO. N.A.
AS TRUSTEE
ACCOUNT NUMBER: 47-000125
INVESTMENT OBJECTIVE: MANAGED GROWTH W/ INCOME

YOUR ACCOUNT OFFICER
KATHLEEN S KINNE, TRUST OFFICER, 302-778-3412
MICHAEL MASTERSON, TRUST INVESTMENT OFFICER, 212-357-0634
JEREMY LEWIS, RELATIONSHIP MANAGER, 800-323-5678
601 DELAWARE AVENUE 2ND FLOOR, WILMINGTON DE 19801

THE GOLDMAN SACHS TRUST COMPANY NA
601 DELAWARE AVENUE 2ND FLOOR
WILMINGTON DE 19801

Goldman Sachs

Trust Company

The Goldman Sachs Trust Company, N.A. and The Goldman Sachs Trust Company of Delaware are affiliates of The Goldman Sachs Group, Inc.

ACCOUNT STATEMENT

Investment Summary

Portfolio Value

	12/31/04 Value	12/31/05 Value
Equity	$ 2,371,308	$ 2,147,035
Equity Funds	732,845	836,026
Fixed Income	1,140,578	1,108,571
Fixed Income Funds	10,185	152,360
Cash Equivalents	62,501	83,547
Total Value	**$ 4,327,484**	**$ 4,325,538**

Income Summary

	Current Period	Year to Date
Dividends	$ 108,897	$ 108,897
US Treasury & Agency Interest	0	0
Corporate Interest	0	0
Tax Exempt Interest	0	0
Other Income	0	0
Total Income	**$ 108,897**	**$ 108,897**

Market Indices Summary

	12/31/04	12/31/05	% Change
S&P 500	1211.92	1248.29	+3.0%
Dow Jones (DJIA)	10783.01	10717.50	-0.6%
Nasdaq	2175.44	2205.32	+1.4%
Russell 2000	651.57	673.22	+3.3%
EAFE	1515.48	1680.13	+10.9%
10 yr. Treasury	4.22%	4.39%	
3-month T-Bill	2.16%	4.07%	

Realized Gain/Loss Summary - Year to Date

Tax Year Ends December 31	Federal
Carryover Loss-Short Term	$ 0
Carryover Loss-Long Term	0
Gain/Loss-Short Term	0
Gain/Loss-Long Term	18,219

Estimated Annual Income

	Amount
Dividends	$ 65,359
Other Interest	11,363
Total Income	**$ 76,722**
Yield on Current Market Value	**1.8%**
Yield on Tax Cost	**2.8%**

Valuation of Investments

47-000125 Period Ended: December 31, 2005

Shares/Par	Description	Ticker	Price	Market Value	Tax Cost	Estimated Income	Yield on Market
Equity							
4,000	Avon Prods Inc Com	AVP	28.550	114,200	685	2,640	2.3%
1,752	Bank of America Corporation	BAC	46.130	80,855	46,857	3,504	4.3%
48	Berkshire Hathaway Inc Del Cl B	BRKB	2935.500	140,904	98,283	0	0.0%
7,500	Bristol Myers Squibb CO Com	BMY	22.980	172,350	78,990	8,400	4.9%
2,530	Chevron Corporation	CVX	56.770	143,628	83,797	4,554	3.2%
3,329	Cisco Sys Inc Com	CSCO	17.120	56,992	50,039	0	0.0%
2,788	Conocophillips	COP	58.180	162,208	78,318	3,457	2.1%
728	Dominion Res Inc VA	D	77.200	56,047	5,960	1,946	3.5%
800	Emerson Elec CO Com	EMR	74.700	59,760	4,950	1,424	2.4%
4,407	Exxon Mobil Corp	XOM	56.170	247,541	81,014	5,112	2.1%
7,861	General Elec CO Com	GE	35.050	275,528	6,963	7,851	2.9%
1,347	International Business Machs Com	IBM	82.200	110,723	848	1,078	1.0%
1,250	Merrill Holdings LLC Series I		0.010	13	0	0	0.0%
1,250	Merrill Holdings LLC Series II		0.470	588	0	0	0.0%
888	Milliken & Company Common Stock (Certificate For $2.00 Par Value) 898 Units Restricted Vault As Is		131.000	117,638	8,641	0	0.0%
126	Milliken & Company Preferred Stock (Certificate For $100 Par Value) 126 Units Restricted Vault As Is		327.500	41,285	19,693	0	0.0%
5,000	Royal Dutch Shell Plc Adr	RDS/A	61.490	307,450	81,291	11,110	3.6%
880	Zimmer Hldgs Inc	ZMH	87.440	59,347	4,695	0	0.0%
Total Equity				2,147,038	528,918	51,088	2.4%
Equity Funds							
17,781.086	Goldman Sachs Real Estate Securities Fd	GREIX	18.100	321,838	284,592	7,328	2.3%
8,652	Ishares MSCI EAFE Index Fund	EFA	59.430	514,128	400,299	6,946	1.4%
Total Equity Funds				835,028	684,292	14,272	1.7%
Fixed Income							
1	Pws Centrally Managed Muni 040878889		1106570.940	1,106,571	1,100,883	0	0.0%
Total Fixed Income				1,106,571	1,100,883	0	0.0%
Fixed Income Funds							
13,543.092	Goldman Sachs High Yield Municipal Fund	GHYIX	11.250	152,360	150,000	7,882	5.2%
Total Fixed Income Funds				152,363	150,000	7,882	5.2%

Valuation of Investments

Shares/Par	Description	Ticker	Price	Market Value	Tax Cost	Estimated Income	Yield on Market
Cash Equivalents							
34,140.04	Goldman Sachs FSO Prime		1.000	34,140	34,140	1,422	4.2%
	Uninvested Principal			0	0	0	0.0%
49,406.52	Goldman Sachs FSO Prime		1.000	49,407	49,407	2,058	4.2%
	Uninvested Income			0	0	0	0.0%
Total Cash Equivalents				83,547	83,547	3,481	4.2%
Total Value				4,225,538	2,648,239	78,722	1.8%

Statement of Transactions

Date	Description	Shares/Par	Income Cash	Principal Cash
Additions & Receipts				
01/25/05	Cash Receipt Incoming Wire From Citibank - Gas Income Receipt		7,220.42	
02/28/05	Cash Receipt Incoming Wire From Citibank - Gas Income Receipt		1,341.86	
03/03/05	Cash Receipt Net Class Action Proceeds From Lucent			25.41
03/03/05	Cash Receipt Net Class Action Proceeds From Lucent			26.98
03/10/05	Free Receipt 1,250 Shares Merinil Holdings LLC Series I Clearing Broker: Free Receipt	1,250		
03/10/05	Free Receipt 1,250 Shares Merinil Holdings LLC Series II Clearing Broker: Free Receipt	1,250		
04/05/05	Cash Receipt Estate Proceeds			69,297.52
04/25/05	Cash Receipt Incoming Wire From Citibank - Gas Income Receipt		5,670.53	
05/31/06	Distribution From 300 Shares General Elec CO Com Transferred From Portfolio 47-000080.2 2005 Annual Exclusion Gift	300		
06/02/05	Stock Split 1,384 Shares Conocophillips On Record 05/16/2005 Payable 06/01/2005 2 For 1	1,384		
06/10/05	Stock Split 5,768 Shares Ishares MSCI EAFE Index Fund On Record 06/06/2005 Payable 06/08/2005 3 For 1	5,768		
06/27/05	Cash Receipt Incoming Wire From Citibank - Gas Income Receipt		12,688.24	
07/11/05	Cash Receipt Net Class Action Proceeds From Lucent			38.18
07/11/05	Cash Receipt Net Class Action Proceeds From Lucent			26.87
07/11/05	Cash Receipt Net Class Action Proceeds From Lucent			5.76

Statement of Transactions

Cash Activity (Continued)

Date	Description	Shares/Par	Income Cash	Principal Cash
07/25/05	Cash Receipt Incoming Wire From Citibank - Gms Income Receipt		7,238.01	
08/17/05	Asset To Be Recvd For Exchange 5,000 Shares @ 100% Royal Dutch Shell Plc Adr Rec Dt 08/09/2005 Pay Dt 08/09/2005 Based On Royal Dutch Pete CO NY Reg Gld1.25	5,000		
08/17/05	Exchange 5,000 Shares Royal Dutch Pete CO NY Reg Gld1.25 Rec Dt 08/09/2005 Pay Dt 08/09/2005	5,000		
08/26/05	Cash Receipt Incoming Wire From Citibank - Gms Income Receipt		1,356.45	
09/26/05	Cash Receipt Incoming Wire From Citibank - Gms Income Receipt		111.86	
10/25/05	Cash Receipt Incoming Wire From Citibank- Gms Income Receipt		5,651.28	
11/22/05	Cash Receipt Incoming Wire From Community Bank & Trust			50,000.00
12/27/05	Cash Receipt Incoming Wire From Citibank-Gms Income Receipt		12,820.27	
Total Additions & Receipts			**54,299.82**	**119,431.73**
Dividends				
01/03/05	Cash Dividend Automatic Data Processing Inc Com Rec Dt 12/10/2004 Pay Dt 01/01/2005	778	120.59	
01/03/05	Cash Dividend Goldman Sachs FSG Prime		64.78	
01/03/05	Cash Dividend Goldman Sachs FSG Prime		5.56	
01/03/05	Cash Dividend Goldman Sachs High Yield Municipal Fund	828.826	46.50	
01/04/05	Cash Dividend Imperial Oil Ltd Com New Rec Dt 12/01/2004 Pay Dt 01/01/2005 Gross Amt 108.06 Less Nrt W/H At Source 16.21	600	91.85	
01/10/05	Cash Dividend Millikan & Company Preferred Stock (Certificate For $100 Par Value) Rec Dt 12/20/2004 Pay Dt 01/03/2005	126	815.85	

REPORT RUN: 05/09/2006 at 01:00 PM FEDERAL SCHEDULE D (GAIN/LOSS SCHEDULE) PAGE
BUSINESS DATE: 05/09/2006 r21.023.034

01/01/2005 TO 12/31/2005

ACCOUNT: 47-090125 ADMINISTRATOR: AI
JOSEPH H. BRADLEY REVOCABLE TRUST INV OFFICER: AS
TAXPAYER ID: 51-6131476 TAX OFFICER Unassigned

UNITS	SECURITY	DATE ACQUIRED	DATE DISPOSED	PROCEEDS	BASIS DISPOSED	GAIN/(LOSS)
Gain/Loss period as long						
Disposal method: sale						
2,900	CISCO SYS INC COM	09/03/98	11/18/05	49,152.94	43,590.63	5,562.31
175	EXELON CORPORATION	01/31/04	11/18/05	8,885.87	2,333.55	6,552.32
600	IMPERIAL OIL LTD COM NEW			54,507.72	6,215.23	48,292.49
300	Lot #: 2	02/13/86	11/18/05	27,253.86	3,101.30	24,152.56
300	Lot #: 3	02/20/86	11/18/05	27,253.86	3,113.53	24,139.33
241	JOHNSON & JOHNSON COM	08/01/03	11/18/05	15,172.28	11,388.80	3,783.48
1,900	KING DIXIE STORES INC COM			1,014.95	4,003.71	2,988.76-
333.3332	Lot #: 2	06/20/67	11/18/05	178.06	717.67	539.61-
191.1124	Lot #: 3	06/20/67	11/18/05	92.61	369.62	277.00-
328.6856	Lot #: 4	06/20/67	11/18/05	175.69	701.17	525.48-
133.3332	Lot #: 5	12/15/67	11/18/05	71.22	263.51	192.29-
400	Lot #: 6	12/15/67	11/18/05	213.67	834.83	621.16-
266.6664	Lot #: 7	12/15/67	11/18/05	142.45	559.06	416.61-
266.6664	Lot #: 8	12/15/67	11/18/05	142.45	559.06	416.61-
Total for disposal method: sale				128,733.76	67,531.92	61,201.84
Total for Gain/Loss period: long				128,733.76	67,531.92	61,201.84
Disposal method: CTF Gain/Loss Distribution						
CTF Long Term Gain:						0.00
CTF Long Term Loss:						0.00

Note: Unknown and N/A amounts are treated as 0.00 in totals and subtotals.

Period Covering: Dec 1 05 to Dec 31 05

Account Number: 040-87858-9

Statement of Investment Account for:

JOSEPH E BRADLEY REV. TRUST
GOLDMAN SACHS TRUST CO NA, TRUSTEE

Your Goldman Sachs team:

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Managing Director
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PART-P TRUST # 47-000125

JOSEPH E BRADLEY REV. TRUST
GOLDMAN SACHS TRUST CO NA,
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ACCOUNT INFORMATION

ACCOUNT NUMBER	BASE CURRENCY
040-87858-9	US DOLLAR

Goldman Sachs

ASSET ALLOCATION

	Percentage of Portfolio		Market Value
CASH AND CASH EQUIVALENTS	0 67	[redacted]	7,370.94
FIXED INCOME	99.33		1,099,199.99
TOTAL	100.00		1,106,570.93

PORTFOLIO ACTIVITY

	Market Value
MARKET VALUE AS OF Dec 1 05 (INCLUDING ESTIMATED ACCRUALS)	1,111,249.43
CASH WITHDRAWALS	(12,885.86)
INTEREST RECEIVED	12,862.50
DIVIDENDS RECEIVED	25.54
CHANGE IN MARKET VALUE	(4,679.68)
MARKET VALUE AS OF Dec 31 05 (INCLUDING ESTIMATED ACCRUALS)	1,106,570.93

TAX SUMMARY

	Current Month	Year to Date
REPORTABLE INCOME		
DIVIDENDS	23.36	355.90
DETAILS ON INTEREST EARNED ON CREDIT BALANCE		4.88
NON-REPORTABLE INCOME		
ACCRUED INTEREST PAID ON TAX EXEMPT SECURITIES		(118.06)
INTEREST EARNED ON TAX EXEMPT SECURITIES	12,862.50	53,975.00
UNREALIZED CAPITAL GAINS		Total
CURRENT UNREALIZED GAIN (LOSS)		(24,956 15)

MUNICIPAL INTEREST BY STATE/MUNICIPALITY	Current Month	Year to Date
DELAWARE		5,000.00
FLORIDA	2,750.00	6,600.00
HAWAII		8,250.00
ILLINOIS	2,500.00	5,000.00
NEW HAMPSHIRE	4,812.50	12,250.00
WASHINGTON	2,800.00	12,475.00
PUERTO RICO		7,500.00

Goldman Sachs

The summary information in this statement may include assets not held by Goldman Sachs

PERFORMANCE BY ASSET CLASS / CATEGORY

	Latest Month (%)	Year to Date (%)	Inception to Dec 31 05	Incepiton Date
CASH AND CASH EQUIVALENTS	0.33	N/A	N/A	Aug 11 04
FIXED INCOME	0.75	1.84	2.01	Aug 18 04
MUNICIPAL BONDS	0.75	1.84	2.01	Aug 18 04
TOTAL	0.75	1.81	1.87	Aug 11 04

Performance history for each mutual fund investment is available as of the date set forth in the inception date column. Total asset class returns may reflect previous mutual fund investments and may not equal the sum of the returns at a product level.

COMPARATIVE INDICES

	Type	Latest Month (%)	Year to Date (%)	Annualized Inception to Dec 31 05	Inception Date
LEHMAN 1 3 YEARS MUNICIPAL BOND INDEX	FIXED INCOME	0.32	1.06	1.06	Aug 11 04
LEHMAN BROTHERS US AGGREGATE BOND INDEX	FIXED INCOME	0.95	2.43	3.34	Aug 11 04
LEHMAN BROTHERS US CORPORATE HIGH YIELD INDEX	FIXED INCOME	0.86	2.74	7.46	Aug 11 04
LEHMAN 1 10 YR BLEND MUNICIPAL BOND INDEX TOTAL	FIXED INCOME	0.58	1.67	2.28	Aug 11 04
LEHMAN BROTHERS US 7 10 YR TREASURY INDEX TOTAL	FIXED INCOME	1.22	2.43	3.18	Aug 11 04
S&P 500 INDEX	EQUITIES	0.03	4.91	13.34	Aug 11 04
RUSSELL 2000 INDEX	EQUITIES	(0.46)	4.55	20.80	Aug 11 04
RUSSELL 1000 VALUE INDEX	EQUITIES	0.61	7.05	16.50	Aug 11 04
RUSSELL 1000 GROWTH INDEX	EQUITIES	(0.31)	5.28	13.49	Aug 11 04
MSCI EAFE FREE INDEX, NET DIVIDEND	EQUITIES	4.65	13.54	25.61	Aug 11 04
GOLDMAN SACHS COMMODITY INDEX	CURRENCY/COMMODITY OPTIONS AND FORWARDS	2.87	25.55	15.15	Aug 11 04

Goldman Sachs

The summary information in this statement may include assets not held by Goldman Sachs

CASH AND CASH EQUIVALENTS	Quantity	Market Price	Market Value / Accrued Income	Unit Cost	Adjusted Cost / Original Cost	Unrealized Gain (Loss)	Yield to Maturity / Current Yield	Estimated Annual Income
BASE CURRENCY								
U S DOLLAR	25.54		25.54		25.54	0.00		
TOTAL BASE CURRENCY			25.54					
MONEY MARKET FUNDS								
GOLDMAN SACHS FINANCIAL SQUARE PRIME OBLIGATIONS FUND (FST SHARES)	7,345.40	1.0000	7,345.40	1.0000	7,345.40	0.00	4.1600	305.57
TOTAL MONEY MARKET FUNDS			7,345.40		7,345.40			305.57
TOTAL CASH AND CASH EQUIVALENTS			7,370.94		7,370.94			305.57

Goldman Sachs

FIXED INCOME

MUNICIPAL BONDS

	Quantity	Market Price	Market Value / Accrued Income	Unit Cost	Adjusted Cost / Original Cost	Unrealized Gain (Loss)	Yield to Maturity in Percentage	Estimated Annual Income
ILL ST UNEMPLOYMT INS FD BLDG REV 5.0000% 12/15/06 CA JD ILL DEPT OF EMPLOYMT SECURITY FSA BEO S T SPL RDM Call DL 06 15 06 Moody's Aaa / S&P AAA	100,000.00	101.8200	101,820.00 222.22	102.6578 106.8100	102,657.85 106,810.00	(1,037.85) (4,990.00)	1.8207	5,000.00
KING COUNTY WASHINGTON GO 5.6000% 12/01/09 CA JD SECONDARY INSURED LT FSA BEO Call DL 12 01 07 Moody's Aaa / S&P AAA	100,000.00	105.8930	105,893.00 466.67	107.6956 111.7150	107,695.56 111,715.00	(1,802.56) (5,822.00)	2.4402	5,600.00
NEW CASTLE DELAWARE (CNTY OF) GO 5.0000% 10/01/11 CA AO RFDG BEO Call DL 10 01 08 Moody's Aaa / S&P AAA	100,000.00	105.0770	105,077.00 1,250.00	107.3669 110.0340	107,366.88 110,034.00	(2,289.88) (4,957.00)	2.5302	5,000.00
NEW HAMPSHIRE MUN BD BK GO 5.0000% 08/15/13 FA SER C BEO Moody's Aa2 / S&P AA	50,000.00	108.2530	54,129.50 944.44	109.5561 109.9680	54,778.05 54,984.00	(651.55) (857.50)	3.5501	2,500.00
HONOLULU HAWAII CITY & COUNTY GR 6.2500% 04/01/14 AO SER A FGIC TCRS UT FGIC CUSTDL RCPTS Moody's Aaa / S&P AAA	100,000.00	117.0550	117,055.00 1,562.50	120.3610	120,361.00	(3,296.00)	3.7000	6,250.00

Goldman Sachs

FIXED INCOME	Quantity	Market Price	Market Value / Accrued Income	Unit Cost	Adjusted Cost / Original Cost	Unrealized Gain (Loss)	Yield to Maturity In Percentage	Estimated Annual Income
MUNICIPAL BONDS (Continued)								
STATE OF WASHINGTON GENERAL CR 5.5000% 07/01/16 JJ SER C FGIC TCRS UT FGIC CUSTDL RCPTS Moody's Aaa / S&P AAA	125,000.00	112.5320	140,665.00 3,437.50	114.2056 115.8280	142,756.96 144,785.00	(2,091.96) (4,120.00)	3.8100	6,875.00
MANCHESTER N H SCH FACS REV REV 5.5000% 06/01/20 CA JD SPUR AA MBIA BEO PreRefund DL 06 01 13 Moody's Aaa / S&P AAA	175,000.00	110.9190	194,108.25 802.08	115.6140	202,324.50	(8,216.25)	3.3900	9,625.00
POLK CNTY FLA CAP IMPT REV REV 5.5000% 12/01/21 CA PT JD RFDG FSA BEO Call DL 12 01 10 / Put DL 12 01 10 Moody's Aaa	100,000.00	107.1190	107,119.00 458.33	109.6962 112.3470	109,696.20 112,347.00	(2,577.20) (5,228.00)	3.3012	5,500.00
PUERTO RICO (COMMONWEALTH OF) PUT 5.0000% 07/01/31 CA PT JJ PUB IMPT GO RFDG SER A MBIA BEO Call DL 07 01 12 / Put DL 07 01 12 Moody's Aaa / S&P AAA	150,000.00	107.0950	160,642.50 3,750.00	109.0903 110.8870	163,635.40 166,030.50	(2,992.90) (5,388.00)	3.4000	7,500.00
TOTAL MUNICIPAL BONDS	1,000,000.00		1,098,306.25 12,893.74 1,099,199.99		1,111,262.40 1,129,181.00	(24,956.15) (42,874.75)	3.1559	53,850.00
TOTAL FIXED INCOME			1,098,306.25 12,893.74 1,099,199.99		1,111,262.40 1,129,181.00	(24,956.15) (42,874.75)	3.1559	53,850.00

SUMMARY OF HOLDINGS

	Market Value	Percentage of Portfolio	Adjusted Cost / ** Original Cost	Unrealized Gain (Loss)	Estimated Annual Income
TOTAL CASH AND CASH EQUIVALENTS	7,370.94	0.67	7,370.94		306.57
TOTAL FIXED INCOME	1,098,199.98	99.33	1,111,292.48 1,129,181.00	(24,958.15) (42,874.75)	53,850.00
TOTAL ACCOUNT	1,105,570.93	100.00	1,118,663.34 1,136,551.94	(24,958.15) (42,874.75)	54,156.57

** Original Cost is price paid by purchaser adjusted for annual original issue discount payments and/or return of capital adjustments, if applicable. Adjusted Cost reflects adjustments to Original Cost for accretion and/or amortization.

CASH WITHDRAWALS

	Effective Date	Quantity	Amount
TRANSFER TO 040 87859 7 03	Dec 02 05		(10,385.86)
TRANSFER TO 040 87859 7 03	Dec 16 05		(2,500.00)
TOTAL CASH WITHDRAWALS			(12,885.86)

INTEREST RECEIVED

	Effective Date	Quantity	Amount
KING COUNTY WASHINGTON GO 5.6000% 12/01/09 CA JD SECONDARY INSURED LT FSA BEO Gross Coupon Interest On 100,000 @ 0.02800000 KING COUNTY WASHINGTON GO 5.	Dec 01 05		2,800.00
MANCHESTER N H SCH FACS REV REV 6.5000% 06/01/20 CA JD SPUR AA MBIA BEO Gross Coupon Interest On 175,000 @ 0.02750000 MANCHESTER N H SCH FACS REV	Dec 01 05		4,812.50
POLK CNTY FLA CAP IMPT REV REV 6.5000% 12/01/21 CA PT JD RFDG FSA BEO Gross Coupon Interest On 100,000 @ 0.02750000 POLK CNTY FLA CAP IMPT REV R	Dec 01 05		2,750.00
ILL ST UNEMPLOYMT INS FD BLDG REV 5.0000% 12/15/06 CA JD ILL DEPT OF EMPLOYMT SECURITY FSA BEO S T SPL RDM Gross Coupon Interest On 100,000 @ 0.02500000 ILL ST UNEMPLOYMT INS FD BLD	Dec 15 05		2,500.00
TOTAL INTEREST RECEIVED			12,862.50

DIVIDENDS RECEIVED

	Effective Date	Quantity	Amount
GOLDMAN SACHS FINANCIAL SQUARE Dividend	Dec 30 05		25.54
TOTAL DIVIDENDS RECEIVED			25.54

FIXED INCOME

MUNICIPAL BONDS

	Date Acquired or Sold Short	Holding Period	Quantity	Market Price	Market Value	Unit Cost	Cost Basis	Unrealized Gain (Loss)
ILL ST UNEMPLOYMT INS FD BLDG REV 5.0000% 12/15/06 CA JD ILL DEPT OF EMPLOYMT SECURITY FSA BEO S T SPL RDM	Sep 16 04	LT	100,000.00	101.6200	101,620.00	102.8578	102,857.85	(1,037.85)
KING COUNTY WASHINGTON GO 5.6000% 12/01/09 CA JD SECONDARY INSURED LT FSA BEO	Aug 19 04	LT	100,000.00	105.8930	105,893.00	107.6956	107,695.56	(1,802.56)
NEW CASTLE DELAWARE (CNTY OF) GO 5.0000% 10/01/11 CA AO RFDG BEO	Nov 02 04	LT	100,000.00	105.0770	105,077.00	107.3669	107,366.88	(2,289.88)
NEW HAMPSHIRE MUN BD BK GO 5.0000% 08/15/13 FA SER C BEO	Aug 30 05	243	50,000.00	108.2530	54,126.50	109.5561	54,778.05	(651.55)
HONOLULU HAWAII CITY & COUNTY CR 5.2500% 04/01/14 AO SER A FGIC TCRS UT FGIC CUSTDL RCPTS	Sep 09 04	LT	100,000.00	117.0550	117,055.00	120.3510	120,351.00	(3,296.00)
STATE OF WASHINGTON GENERAL CR 5.5000% 07/01/16 JJ SER C FGIC TCRS UT FGIC CUSTDL RCPTS	Oct 14 04	LT	125,000.00	112.5320	140,665.00	114.2066	142,756.96	(2,091.96)
MANCHESTER N H SCH FACS REV REV 5.5000% 06/01/20 CA JD SPUR AA MBIA BEO	Oct 22 04	LT	175,000.00	110.9190	194,108.25	115.6140	202,324.50	(8,216.25)
POLK CNTY FLA CAP IMPT REV REV 5.5000% 12/01/21 CA PT JD RFDG FSA BEO	Aug 24 04	LT	100,000.00	107.1190	107,119.00	109.6962	109,696.20	(2,577.20)
PUERTO RICO (COMMONWEALTH OF) PUT 5.0000% 07/01/31 CA PT JJ PUB IMPT GO RFDG SER A MBIA BEO	Nov 04 04	LT	150,000.00	107.0950	160,642.50	109.0903	163,635.40	(2,992.90)

FIXED INCOME	Date Acquired or Sold Short	Holding Period	Quantity	Market Price	Market Value	Unit Cost	Cost Basis	Unrealized Gain (Loss)
MUNICIPAL BONDS (Continued)								
TOTAL MUNICIPAL BONDS					1,086,306.25		1,111,262.40	(24,956.15)
TOTAL FIXED INCOME					1,086,306.25		1,111,262.40	(24,956.15)
TOTAL PORTFOLIO					1,086,306.25		1,111,262.40	(24,956.15)

THIS INFORMATION IS FOR GENERAL GUIDANCE AND SHOULD NOT BE USED FOR TAX PURPOSES. YOU SHOULD USE ONLY YOUR OFFICIAL FORM 1099's OR OTHER TAX RECORDS FOR TAX REPORTING. THIS INFORMATION IS NOT, AND SHOULD NOT BE CONSTRUED AS TAX, ACCOUNTING OR LEGAL ADVICE. PLEASE CONSULT WITH YOUR TAX ADVISOR REGARDING THE TAX CONSEQUENCES OF YOUR INVESTMENT DECISIONS. THE COST BASIS AND ACQUISITION DATES OF SECURITIES THAT YOU ACQUIRED ELSEWHERE AND THAT WERE SUBSEQUENTLY DELIVERED INTO YOUR GOLDMAN SACHS ACCOUNT WERE PROVIDED BY YOU OR A THIRD PARTY AND GOLDMAN SACHS MAKES NO REPRESENTATION AS TO THE ACCURACY OF SUCH INFORMATION.

YEAR TO DATE GAINS AND LOSSES

	Date Acquired or Sold Short	Date Sold or Covered	Quantity	Sale Proceeds	Cost Basis	FX Gain (Loss)	Total Gain (Loss)	Holding Period
NEW HAMPSHIRE MUN BD BK REV 5.2500% 08/15/06 CA FA SER A AMBAC BEO	Sep 02 04	Aug 15 05	50,000.00	51,000.00	51,000.00 [1]	0.00	0.00	ST
SHORT TERM GAINS				51,000.00	51,000.00	0.00		
NET SHORT TERM GAINS (LOSSES)				51,000.00	51,000.00	0.00		

[1] Basis adjusted by Accretion or Amortization (using Straight-Line method) and/or Original Issue Discount (using Constant-Yield method).

In Settlement Currency

YEAR TO DATE DIVIDENDS RECEIVED

	Pay Date	Ex.Date	Type	Dividend Rate	Quantity	Amount	Received at Goldman Sachs	Foreign Tax Withheld
US DOLLAR								
GOLDMAN SACHS FINANCIAL SQUARE	Jan 31 05	Jan 31 05	CASH		20.91000	20.91	20.91	
PRIME OBLIGATIONS FUND	Feb 28 05	Feb 28 05	CASH		20.53000	20.53	20.53	
(FST SHARES)	Mar 31 05	Mar 31 05	CASH		24.28000	24.28	24.28	
	Apr 29 05	Apr 29 05	CASH		24.98000	24.98	24.98	
	May 31 05	May 31 05	CASH		26.74000	26.74	26.74	
	Jun 30 05	Jun 30 05	CASH		28.10000	28.10	28.10	
	Jul 29 05	Jul 29 05	CASH		30.59000	30.59	30.59	
	Aug 31 05	Aug 31 05	CASH		107.48000	107.48	107.48	
	Sep 30 05	Sep 30 05	CASH		26.09000	26.09	26.09	
	Oct 31 05	Oct 31 05	CASH		22.84000	22.84	22.84	
	Nov 30 05	Nov 30 05	CASH		23.36000	23.36	23.36	
	Dec 30 05	Dec 30 05	CASH		25.54000	25.54	25.54	
Security Total						**381.44**	**381.44**	
TOTAL US DOLLAR						**381.44**	**381.44**	
TOTAL DIVIDENDS						**381.44**	**381.44**	

In Settlement Currency

YEAR TO DATE INTEREST RECEIVED

	Date	Transaction Type	No. of Days	Quantity	Amount	Totals by Security	Taxable Status	Received at Goldman Sachs
US DOLLAR (USD)								
HONOLULU HAWAII CITY & COUNTY	Apr 01 06	COUPON		100,000	3,125.00			3,125.00
CR 6.2500% 04/01/14 AO	Oct 01 06	COUPON		100,000	3,125.00			3,125.00
SER A FGIC TCRS								
UT FGIC CUSTDL RCPTS								
Security Total						**6,250.00**	**EXMP-OTHR**	**6,250.00**
ILL ST UNEMPLOYMT INS FD BLDG	Jun 15 05	COUPON		100,000	2,500.00			2,500.00

In Settlement Currency

YEAR TO DATE INTEREST RECEIVED

	Date	Transaction Type	No. of Days	Quantity	Amount	Totals by Security	Taxable Status	Received at Goldman Sachs
US DOLLAR (USD)								
REV 5.0000% 12/15/06 CA JD	Dec 15 05	COUPON		100,000	2,500.00			2,500.00
ILL DEPT OF EMPLOYMT SECURITY								
FSA BEO S T SPL RDM								
Security Total						5,000.00	EXMP-OTHR	5,000.00
KING COUNTY WASHINGTON	Jun 01 05	COUPON		100,000	2,800.00			2,800.00
GO 5.6000% 12/01/09 CA JD	Dec 01 05	COUPON		100,000	2,800.00			2,800.00
SECONDARY INSURED								
LT FSA BEO								
Security Total						5,600.00	EXMP-OTHR	5,600.00
MANCHESTER N H SCH FACS REV	Jun 01 05	COUPON		175,000	4,812.50			4,812.50
REV 5.5000% 06/01/20 CA JD	Dec 01 05	COUPON		175,000	4,812.50			4,812.50
SPUR AA								
MBIA BEO								
Security Total						9,625.00	EXMP-OTHR	9,625.00
NEW CASTLE DELAWARE (CNTY OF)	Jan 01 05	BEGIN PPD INT		472	(472.22)			(472.22)
GO 5.0000% 10/01/11 CA AO	Apr 01 05	COUPON		100,000	2,500.00			2,500.00
RFDG	Oct 01 05	COUPON		100,000	2,500.00			2,500.00
BEO								
Security Total						4,527.78	EXEMPT-DE	4,527.78
NEW HAMPSHIRE MUN BD BK	Aug 30 05	PURCHASE	17	50,000	(118.06)			(118.06)
GO 5.0000% 08/15/13 FA								
SER C								
BEO								
Security Total						(118.06)	OUTST PPD	(118.06)
NEW HAMPSHIRE MUN BD BK	Feb 15 05	COUPON		50,000	1,312.50			1,312.50
REV 5.2500% 08/15/06 CA FA	Aug 15 05	CALL		50,000				
SER A AMBAC BEO	Aug 15 05	COUPON		50,000	1,312.50			1,312.50
Security Total						2,625.00	EXMP-OTHR	2,625.00
POLK CNTY FLA CAP IMPT REV	Jun 01 05	COUPON		100,000	2,750.00			2,750.00
REV 5.5000% 12/01/21 CA PT JD	Dec 01 05	COUPON		100,000	2,750.00			2,750.00
RFDG								
FSA BEO								
Security Total						5,500.00	EXMP-OTHR	5,500.00
PUERTO RICO (COMMONWEALTH OF)	Jan 01 05	COUPON		150,000	3,750.00			3,750.00
PUT 5.0000% 07/01/31 CA PT JJ	Jan 01 05	BEGIN PPD INT		2,667	(2,666.67)			(2,666.67)
PUB IMPT GO RFDG SER A	Jul 01 05	COUPON		150,000	3,750.00			3,750.00
MBIA BEO								

In Settlement Currency

YEAR TO DATE INTEREST RECEIVED

	Date	Transaction Type	No. of Days	Quantity	Amount	Totals by Security	Taxable Status	Received at Goldman Sachs
US DOLLAR (USD)								
Security Total						4,833.33	EXEMPT-DE	4,833.33
STATE OF WASHINGTON GENERAL	Jan 01 05	COUPON		125,000	3,437.50			3,437.50
CR 5.5000% 07/01/16 JJ	Jan 01 05	BEGIN PPD INT		2,062	(2,062.50)			(2,062.50)
SER C FGIC TCRS	Jul 01 05	COUPON		125,000	3,437.50			3,437.50
UT FGIC CUSTDL RCPTS								
Security Total						4,812.50	EXMP-OTHR	4,812.50

SUMMARY OF INTEREST RECEIVED

	Exempt-DE	Exempt-Other	Government	Fully Taxable	Return Of Principal	Total	Cash
US DOLLAR (USD)							
TOTAL INTEREST	9,361.11	39,412.50				48,773.61	
RECEIVED FROM COUPONS & SALES	12,500.00	41,475.00				53,975.00	53,975.00
LESS:OFFSET PREPAID INTEREST	(3,138.89)	(2,062.50)				(5,201.39)	
TOTAL	9,361.11	39,412.50				48,773.61	
BEGINNING PREPAID INTEREST	(3,138.89)	(2,062.50)				(5,201.39)	
ADDITIONAL PREPAID INTEREST		(118.06)				(118.06)	(118.06)
LESS:OFFSET	(3,138.89)	(2,062.50)				(5,201.39)	
REMAINING PREPAID INTEREST	(0.00)	(118.06)				(118.06)	

In Settlement Currency

YEAR TO DATE MISCELLANEOUS INCOME AND EXPENSES

	Date	Transaction Type	Quantity	Amount
ANNUAL CUSTODY FEE	Apr 28 05	OTHER EXPNSE		(1,000.00)

In Settlement Currency

YEAR TO DATE MISCELLANEOUS INCOME AND EXPENSES

	Date	Transaction Type	Quantity	Amount
REVERSAL OF ANNUAL CUSTODY FEE	Apr 28 05	OTHER EXPNSE		1,000.00
INTEREST PAID	Jul 29 05	CR BAL INT		1.47
INTEREST PAID	Aug 31 05	CR BAL INT		3.21
TOTAL INCOME				4.68
TOTAL EXPENSE				0.00
NET YEAR TO DATE MISCELLANEOUS INCOME / EXPENSE				4.68

In Settlement Currency

YEAR TO DATE DEPOSITS AND WITHDRAWALS

US DOLLAR (USD)

	Date	Process Date	Transaction Type	Cost Basis	Quantity	Deposit	Withdrawals
TRANSFER TO 040 87858 7 03	Jan 04 05		CASH WITHDRAWAL				(7,187.50)
TRANSFER TO 040 87858 7 03	Jan 05 05		CASH WITHDRAWAL				(19.15)
TRANSFER TO 040 87858 7 03	Feb 03 05		CASH WITHDRAWAL				(20.91)
TRANSFER TO 040 87858 7 03	Feb 16 05		CASH WITHDRAWAL				(1,312.50)
TRANSFER TO 040 87858 7 03	Mar 03 05		CASH WITHDRAWAL				(20.53)
TRANSFER TO 040 87858 7 03	Apr 04 05		CASH WITHDRAWAL				(5,625.00)
TRANSFER TO 040 87858 7 03	Apr 05 05		CASH WITHDRAWAL				(24.28)
TRANSFER TO 040 87858 7 03	May 04 05		CASH WITHDRAWAL				(24.98)
TRANSFER TO 040 87858 7 03	Jun 02 05		CASH WITHDRAWAL				(10,362.50)
TRANSFER TO 040 87858 7 03	Jun 03 05		CASH WITHDRAWAL				(28.74)
TRANSFER TO 040 87858 7 03	Jun 16 05		CASH WITHDRAWAL				(2,500.00)
TRANSFER TO 040 87858 7 03	Jul 05 05		CASH WITHDRAWAL				(7,218.80)
TRANSFER TO 040 87858 7 03	Aug 01 05		CASH WITHDRAWAL				(1.47)
TRANSFER TO 040 87858 7 03	Aug 03 05		CASH WITHDRAWAL				(30.66)
TRANSFER TO 040 87858 7 03	Aug 16 05		CASH WITHDRAWAL				(1,312.50)
TRANSFER TO 040 87858 7 03	Sep 01 05		CASH WITHDRAWAL				(3.21)
TRANSFER TO 040 87858 7 03	Sep 06 05		CASH WITHDRAWAL				(107.48)
TRANSFER TO 040 87858 7 03	Oct 04 05		CASH WITHDRAWAL				(5,625.00)
TRANSFER TO 040 87858 7 03	Oct 06 05		CASH WITHDRAWAL				(26.09)
TRANSFER TO 040 87858 7 03	Nov 02 05		CASH WITHDRAWAL				(22.84)
TRANSFER TO 040 87858 7 03	Dec 02 05		CASH WITHDRAWAL				(10,365.85)
TRANSFER TO 040 87858 7 03	Dec 16 05		CASH WITHDRAWAL				(2,500.00)

YEAR TO DATE DEPOSITS AND WITHDRAWALS

	Date	Process Date	Transacuon Type	Cost Basis	Quantity	In Settlement Currency Deposit	Withdrawals
US DOLLAR (USD)							
TOTAL US DOLLAR							(54,354.73)

TOTAL DEPOSITS AND WITHDRAWALS

	Date	Process Date	Transaction Type	Cost Basis	Quantity	In Settlement Currency Deposit	Withdrawals
MTD TOTAL CASH						0.00	(12,865.86)
MTD TOTAL SECURITY						0.00	0.00
MONTH TO DATE						0.00	(12,865.86)
YTD TOTAL CASH						0.00	(54,354.73)
YTD TOTAL SECURITY						0.00	0.00
YEAR TO DATE						0.00	(54,354.73)

DISCLOSURES

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WHEN-ISSUED TRANSACTIONS

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An independent verification of the accuracy and the currency of the ratings should be made in connection with investment decisions. The description of methodology employed in assigning ratings may be found in the rating agencies' manuals.

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Your estimated annual income and dividends/interest earned but not yet paid are derived from information provided by standard statistical sources or external parties. We cannot guarantee the accuracy of such information. Since the interest and dividend rates are subject to change at any time, they should not be relied upon exclusively for making investment decisions.

PERFORMANCE

The Performance report presents the relevant time weighted performance of your account by asset class and for different periods including most recent month, current year to date and inception to date. Option performance is suppressed from reporting and reflected in the asset class return for the underlying security position. Margin loans are generally excluded from advisory performance and included in brokerage performance calculations. Please contact your Investment Professional for detailed option performance returns or specific information about whether margin is included in your performance calculation.

The performance displayed herein includes hedge funds (other than hedge funds listed under 'Other Opportunistic Investments' in the Alternative Investments section) but does not include any other Alternative Investments. The historical performance of hedge fund investments made prior to 2001 is calculated and presented commencing on Jan 1, 2002, and is reflected in the 'Inception to Date' column. The historical performance of hedge fund investments made in 2001 or later is calculated and presented since inception.

MISCELLANEOUS

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All statements are maintained on a 'trade date basis'. Trades not made but pended in the current period will be listed in the 'Securities Purchased and Sold' section of the Activity report and will already be included in the trade date basis.

Please advise us promptly if there are changes to your financial situation or if your investment objectives change.

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The NASD regulation's public disclosure program toll free hotline number is 1 800 289 9999 and their web site address is http://www.nasdr.com/. An investor brochure describing the public disclosure is available via 'the hotline number' or the web site.

CONTACT INFORMATION

Please direct any complaints to Goldman, Sachs & Co, ATTN: SSPG CENTRAL COMPLIANCE, 30 Hudson Street, Jersey City, NJ 07302 OR CALL 1 800 324 2895

Zürcher Kantonalbank

Client :	Bradley Barbara -Rutz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Asset statement

as of 31.12.2005

Contents		Ref.curr.	Price	Rep.curr.	Valuation	From pag
Portfolio : PORTFOLIOMANAGEMENT		CHF	1.00	CHF	495'123.14	
Securities a/c :	000-143369					
Investment strategy :	Income (with restrictions)					
Portfolio : PRIVATE BANKING 1		CHF	1.00	CHF	-28.10	1
Investment strategy :	Einkommen (income)					
Total portfolio value				CHF	495'095.04	

We ask that you please check over this asset statement as well as any enclosures. The asset statement is considered to have been accepted as correct if no objection to the contents has been raised within four weeks mailing.

The asset statement cannot be used to make legal claims. Statements of individual transactions form the contractual basis. The insurance products listed are those of a third-party institution.

7V1021/05.04/1 000032 20060102010720163188075060240000 ZAD.OBV.RUMBT.AFP013.G0011V00

Zürcher Kantonalbank

Page

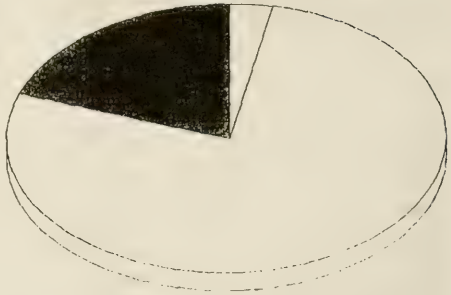
Client :	Bradley Barbara –Rutz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Overview
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000–143369

as of 31.12.2005

Investment category	Value in CHF	Proportion in %
Portfolio value		
Cash	15'444.33	3.12 %
Fixed Income	384'152.52	77.59 %
Equities	95'526.29	19.29 %
Other Funds	0.00	0.00 %
Derivatives	0.00	0.00 %
Real Estate (incl. Funds)	0.00	0.00 %
Alternative Investments	0.00	0.00 %
Precious Metals	0.00	0.00 %
Pension provision	0.00	0.00 %
Other Investments	0.00	0.00 %
Total portfolio value	495'123.14	100.00 %
Of which accrued interest	6'333.16	

Analysis of investment categories



Cash	3.12 %
Fixed Income	77.59 %
Equities	19.29 %

Breakdown into investment categories of mutual funds in consideration.

OV1921/04.04/1 000833 2004010201072916813397639424000 ZAD.OSV.BUNGT.AFPBIT.GB011V00

Zürcher Kantonalbank

Page

Client :	Bradley Barbara –Ruiz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Performance
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000–143369

from 01.01.2005 until 31.12.2005

Assets as of 31.12.2004	CHF	469'540.9
+ deposits (incl. in deliveries)	CHF	0.0
– withdrawals (incl. out deliveries)	CHF	–12'940.0
Investment capital	CHF	456'600.9
– taxes	CHF	–45.2
+ (net) asset gain	CHF	38'567.5
Assets as of 31.12.2005 (incl. accrued interest)	CHF	495'123.
Average capital invested	CHF	460'265.1
+ (net) asset gain	CHF	38'567..
(Net) asset gain in % (time–weighted, incl. taxes)		**8.36**

(Net) performance in previous years since 01.01.2004

2004 0.91 %

Average annual performance since 01.01.2004 : 0.91 %

OV1021/04.04/1 000836 20460102816720165123076662468 IAD.OEV.RUNGT.MFPS11.66811V88

Zürcher Kantonalbank

Page

Client :	Bradley Barbara -Rutz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Asset list
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000-143369

as of 31.12.2005

No./Nominal Currency	Description Sec. no.	Int. period	Callable	Rating	Maturity Yield	Market price Purch. price	Exch. rate Exch. cost	Market value CHF Accr. interest	Capital Profit CHF Capital Profit %	% of Asse Currency Profit CH
Cash										
Cash Accounts										
Cash Accounts CHF										
11'463 CHF	Private account, Heading: PORTFOLIOMANAGEMENT/D143369 1100-0034.624						1.0000	11'462.65	0.00 %	2.32 % 0.0
Total Cash Accounts CHF								11'462.65	0.00 %	2.32 % 0.0
Cash Accounts Foreign Currency North America										
2'621 USD	Current account, Heading: PORT.MANAG./D143369 1300-0408.220						1.3180	3'454.68	0.00 %	0.70 % 323.3
Total Cash Accounts Foreign Currency North America								3'454.68	0.00 %	0.70 % 323.3
Total Cash Accounts								14'917.33	0.00 %	3.01 % 323.3
Total Cash								**14'917.33**	**0.00 %**	**3.01 %** **323.3**

Zürcher Kantonalbank

Page

Client : Bradley Barbara -Rutz
Client no.: 0137619
Advisor : Ehrensperger Thomas

Asset list
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000-143369

as of 31.12.2005

No./Nominal Currency	Description Sec. no.	Int. period	Callable	Rating	Maturity Yield	Market price Purch. price	Exch. rate Exch. cost	Market value CHF Accr.interest	Capital Profit CHF Capital Profit %	% of Asse Currency Profit CH
Fixed Income										
Fixed Income CHF Foreign										
20'000	3 1/4 % OESTERREICH 1998-2006				27.01.2006	100.14	1.0000	20'028.00	-272.00	4.17 %
CHF	00083751500000	Yearly		AAA : ST&P	1.32 %	101.50	1.0000	601.25	-1.34 %	0.0
20'000	2 1/2 % NEDERLANDSE WATERSCHAPSBK -2007 EMTN				30.03.2007	101.24	1.0000	20'248.00	-272.00	4.17 %
CHF	00042288700000	Yearly		AAA : ST&P	1.48 %	102.60	1.0000	375.00	-1.33 %	0.0
30'000	3 3/4 % DEUTSCHE BANK 1997-2007				17.07.2007	103.25	1.0000	30'975.00	570.00	6.36 %
CHF	00065667400000	Yearly		AA- : ST&P	1.60 %	101.35	1.0000	509.38	1.87 %	0.0
30'000	1 3/4 % DEPFA 2003-2008 PFANDBR.EMTN				18.02.2008	100.05	1.0000	30'015.00	-145.00	6.15 %
CHF	00154258300000	Yearly		AAA : ST&P	1.73 %	100.53	1.0000	455.00	-0.48 %	0.0
20'000	3 1/4 % RESEAU FERRE DE FRANCE 1998-2008				12.09.2008	103.90	1.0000	20'780.00	1'080.00	4.24 %
CHF	00085274700000	Yearly		AAA : ST&P	1.76 %	98.50	1.0000	195.00	5.48 %	0.0
30'000	3 1/8 % BAYERISCHE LANDESBANK 1999-2009				10.02.2009	103.95	1.0000	31'185.00	1'965.00	6.47 %
CHF	00098803600000	Yearly		AAA : ST&P	1.81 %	97.40	1.0000	833.33	6.72 %	0.0
30'000	2 % COMPAGNIE DE FINANCEMENT FONCIER -2009				11.06.2009	100.35	1.0000	30'105.00	630.00	6.15 %
CHF	00160352600000	Yearly		AAA : ST&P	1.89 %	98.25	1.0000	331.67	2.14 %	0.0
30'000	3 1/8 % ITALIEN 1999-2010				15.07.2010	104.20	1.0000	31'260.00	2'340.00	6.40 %
CHF	00098187000000	Yearly		AA- : ST&P	2.14 %	96.40	1.0000	429.69	8.09 %	0.0
Total Fixed Income CHF Foreign								214'596.00 3'730.32	5'896.00 2.83 %	44.10 % 0.0

Zürcher Kantonalbank

Page

Client :	Bradley Barbara -Ruiz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Asset list
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000-143369

as of 31.12.2005

No./Nominal Currency	Description Sec. no.	Int. period	Callable	Rating	Maturity Yield	Market price Purch. price	Exch. rate Exch. cost	Market value CHF Accr.interest	Capital Profit CHF Capital Profit %	% of Ass Currency Profit C
Fixed Income Foreign Currency										
Fixed Income Foreign Currency Europe										
480	LITS -B- SWISSCANTO (LU) BOND INVEST -EUR- CAP					72.33	1.5546	53'973.22	5'166.07	10.90
EUR	00154430100000					65.10	1.4892	0.00	11.10 %	2'273.2
Total Fixed Income Foreign Currency Europe								53'973.22	5'166.07	10.90
								0.00	11.10 %	2'273.2
Fixed Income Foreign Currency North America										
20'000	2 1/4 % GROSSBRITANNIEN 2003-2008 NTS REG-S				08.07.2008	94.50	1.3180	24'909.26	-365.59	5.09
USD	00163149500000	Yearly		AAA : ST&P	4.61 %	95.96	1.2549	283.36	-1.52 %	1'205.4
20'000	5 1/4 % WELTBANK 1999-2009 EMTN				12.01.2009	102.21	1.3180	26'941.53	-1'405.85	5.71
USD	00098852300000	Yearly		AAA : ST&P	4.45 %	106.85	1.5149	1'337.72	-4.34 %	-4'226.5
25'000	3 7/8 % SCHWEDEN 2002-2009 EMTN				29.12.2009	97.28	1.3180	32'052.54	-1'789.89	6.47
USD	00150489000000	Yearly		AAA : ST&P	4.64 %	102.47	1.3795	3.55	-3.07 %	-1'496.7
20'000	4 % OESTERREICH 2005-2012 NTS				30.03.2012	96.16	1.3180	25'346.81	-610.99	5.32
USD	00205189500000	Yearly		AAA : ST&P	4.72 %	98.53	1.2890	978.21	-2.41 %	578.2
Total Fixed Income Foreign Currency North America								109'250.14	-4'172.32	22.39
								2'602.84	-3.56 %	-3'939.6
Total Fixed Income Foreign Currency								163'223.36	993.75	33.49
								2'602.84	0.61 %	-1'666.4
Total Fixed Income								**377'819.36**	**6'889.75**	**77.59**
								6'333.16	**1.85 %**	**-1'666.4**

Zürcher Kantonalbank

Client :	Bradley Barbara –Ruiz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Asset list
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000–143369

as of 31.12.2005

No./Nominal Currency	Description Sec. no.	Int. period	Callable	Rating	Maturity Yield	Market price Purch. price	Exch. rate Exch. cost	Market value CHF Accr.interest	Capital Profit CHF Capital Profit %	% of Asse Currency Profit CH
Equities										
Equities Switzerland										
25 CHF	ANT.ZKB FONDS AKTIEN SCHWEIZ 00117924500000					1'054.00 682.00	1.0000 1.0000	26'350.00 0.00	9'300.00 54.55 %	5.32 % 0.0
Total Equities Switzerland								26'350.00 0.00	9'300.00 54.55 %	5.32 % 0.0
Equities Foreign										
Equities Foreign Europe										
1'550 EUR	SHS –A– FIDELITY –EUROPEAN GROWTH FUND– 00020753100100					10.66 6.54	1.5546 1.5052	25'686.66 0.00	9'613.16 63.01 %	5.19 % 817.1
Total Equities Foreign Europe								25'686.66 0.00	9'613.16 63.01 %	5.19 % 817.1

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Zürcher Kantonalbank

Client :	Bradley Barbara -Rutz
Client no.:	0137619
Advisor :	Ehrensperger Thomas

Asset list
Portfolio : PORTFOLIOMANAGEMENT
Securities a/c : 000-143369

as of 31.12.2005

No./Nominal Currency	Description Sec. no.	Int. period	Callable	Rating	Maturity Yield	Market price Purch. price	Exch. rate Exch. cost	Market value CHF Accr. interest	Capital Profit CHF Capital Profit %	% of Asse Currency Profit CH
Equities Foreign North America										
58 USD	SHS -BP-BASE NORDEA 1-NORTH AMERICA VAL.- CAP 00060130000000					387.60 269.81	1.3180 1.3564	29'628.57 0.00	9'266.59 43.66 %	5.98 % -864.0
Total Equities Foreign North America								29'628.57 0.00	9'266.59 43.66 %	5.98 % -864.0
Equities Foreign Pacific										
180 USD	SHS -JF-A-USD- JPMORGAN -PACIFIC EQU.- DIST 00035846800000					60.65 44.36	1.3180 1.2547	14'388.06 0.00	3'677.98 36.71 %	2.91 % 690.6
Total Equities Foreign Pacific								14'368.06 0.00	3'677.98 36.71 %	2.91 % 690.6
Total Equities Foreign								69'703.59 0.00	22'557.73 68.51 %	14.01 % 643.7
Total Equities								**96'053.29** 0.00	**31'857.73** **50.13 %**	**19.40 %** **643.7**
Total Market value Accrued interest								**488'789.98** 6'333.16	**38'747.48** **8.89 %**	**100.00 %** **-699.3**
Total incl. accrued interest								**495'123.14**		

501

JEB BRADLEY
1ST DISTRICT, NEW HAMPSHIRE

COMMITTEE ON ARMED SERVICES

COMMITTEE ON VETERANS' AFFAIRS

COMMITTEE ON SMALL BUSINESS

UNITED STATES
HOUSE OF REPRESENTATIVES

1218 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
(202) 225-5456

1095 ELM STREET
MANCHESTER, NH 03101
(603) 641-9336

104 WASHINGTON STREET
DOVER, NH 03820
(603) 743-4813

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 23 AM 11:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 17, 2006

(1)

MC

Hon. Doc Hastings, Chairman
Committee on Standards of
Official Conduct
HT2 – The Capitol
Washington, DC 20515

Dear Mr. Chairman:

This letter is to provide you additional descriptive information relating to my 2005 Financial Disclosure Statement.

Schedule III lists "Land – Colorado". This is a 40 acre parcel, with no structures, and is located in Norwood, CO.

Please don't hesitate to contact me should you need additional information.

Sincerely,

Jeb Bradley

HAND DELIVERED

LEGIS LATIVE RESOURCE CENTER

2006 MAY 25 PM 2:26

OFFICE OF THE CLERK

U.S. HOUSE OF REPRESENTATIVES

MC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

Kevin Patrick Brady
(Full Name)

P.O. Box 8277 The Woodlands, TX 77387
(Mailing Address)

202-225-4901
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S House of Representatives — State: TX, District: 8	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? ***If yes, complete and attach Schedule III.***	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? ***If yes, complete and attach Schedule VIII.***	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 25, 2006

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Best of America (BOA) Am Cent VP Value I	$1,001 - $15,000		NONE	
Best of America (BOA) Drey VIF APP Port	$1,001 - $15,000		NONE	
Best of America (BOA) Dreyfuss GVIT MidCap Index I	$1,001 - $15,000		NONE	
Best of America (BOA) Fidelity FVP Equity INCM Port	$1,001 - $15,000		NONE	
Best of America (BOA) NEU/BER AMT LMTMATBND PT	$1,001 - $15,000		NONE	
Best of America (BOA) Oppenheimer Global SECS FD/VA IC	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

	Farmers New World Life Insurance	$1,001 - $15,000		NONE	
SP	IRA Chase Security of Texas: HPQ (formerly Compaq) stock	$15,001 - $50,000		NONE	
SP	JP Morgan Mutual Funds 564/Growth Advantage Fund	$1,001 - $15,000		NONE	P
JT	JP Morgan/Chase Bank Personal Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	JP Morgan/Chase Bank Super Savings Account	$15,001 - $50,000	INTEREST	$1 - $200	
SP	JP Morgan/Chase Manhattan Employee Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	JP Morgan/Chase Mutual Funds Growth Advantage Funds A	$1,001 - $15,000		NONE	
SP	JP Morgan/Chase Retirement Plan	$50,001 - $100,000		NONE	
SP	JP Morgan/Chase Savings Retirement Plan 401K	$100,001 - $250,000		NONE	
SP	JP Morgan/Chase Securities Employee Stock Option Plan	$1,001 - $15,000		NONE	
JT	Lexicon Genetics, Inc. Common Stock	$1 - $1,000		NONE	Other: Dontated to chairity.
JT	Mid Cap Growth Fund A Shares	$1 - $1,000		NONE	
	Pacific Life VUL	$1,001 - $15,000		NONE	
SP	Pacific Life VUL	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

DC	Putman College Adv Agressive 1998 Cl-A	$1 - $1,000		NONE	P
SP	Putman IRA Mid-Cap Value Fund Cl-A	$1,001 - $15,000		NONE	
JT	Putman MM Fund Cl-A	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Putman Small Cap Value Fund Cl-A	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Putnam CAP OPPS Cl-A	$1,001 - $15,000		NONE	
JT	Putnam Growth & Income Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	State of Texas Retirement System	$15,001 - $50,000		NONE	
DC	UTMA for William Brady - Janus Funds	$1 - $1,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name *Kevin Patrick Brady*

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Pacific Life VUL	P	2-6-1998	$1,001 - $15,000
SP	JP Morgan/Chase Mutual Funds Growth Advantage Funds A	P	12-30-1999	$1,001 - $15,000
DC	Putman College Adv Aggressive 1998 Cl-A	P	12-13-2004	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Kevin Patrick Brady

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation Republican Study Committee Retreat	Feb 3-4	Baltimore MD	Y	Y	N	None
Lake Placid Olympic Committee 25th Anniversary	Feb 11-13	Lake Placid NY	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Kevin Patrick Brady

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	Women Helping Woemn
Advisory Board Membersi	Northwest Assistance Ministry
Advisory Board Member	Childrens Museum of the Woodlands
Advisory Board Member	Tomaagwa Services of Tomball

FOOTNOTES

Name Kevin Patrick Brady

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Lexicon Genetics Inc. Common Stock, valued at $378, was dontated to the non-profit Childrens Museum of the Woodlands in calendary year 2005.	Lexicon Genetics Inc. Common Stock
2	Schedule III	The Pacific Life VUL, originally purchased Feb. 6, 1998, reached a cash value this year and is reportable.	Spousal Pacific Life VUL

LEGISLATIVE RESOURCE CENTER
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Robert A. Brady
(Full Name)

7026 Brentwood Road Philadelphia, PA 19151
(Mailing Address)

202-225-4731
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: PA — District: 01 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Robert A. Brady	

SCHEDULE I - EARNED INCOME

Name Robert A. Brady

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Philadelphia Writ Service	Spouse Salary	N/A
Independence Blue Cross	Spouse's Non-employee compensation	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert A. Brady

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Phila. Fed. Credit Union	$250,001-$500,000	INTEREST	$25,015,000	
SP	Phila. Fed. Credit Union	$1-$1,000	INTEREST	$1 - $200	
	City of Phila.	$50,001 - $100,000	Other: Pension	$5,001 - $50,000	
	PA Turnpike	$15,001 - $50,000	Other: Pension	NONE	
	Metro Regional Council	$100,001 - $250,000	Other: Pension & Profit Sharing	NONE	
SP	Phila. Redevelopment Authority	$50,001 - $100,000	Other: Pension	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert A. Brady

SP	D&B Investment, Inc.	$1 - $1,000	Other: Comm. Shares	NONE	
SP	PA Monitoring	$1 - $1,000	Other: Comm. Shares	NONE	
SP	Brigadoon Motel, LLC Wildwood, NJ	$15,001 - $50,000	Other: Pension Income	NONE	

SCHEDULE VIII - POSITIONS

Name Robert A. Brady

Report all positions, *compensated or uncompensated*, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any *educational* or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Part-time Administrative Asst.	Metropolitan Regional Council

SCHEDULE IX - AGREEMENTS

Name Robert A. Brady

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/19/99	Metropolitan Regional Council	Part-time Administrative Assistant. Received no salary. MRC Continues the funding and vesting of the Member's pension and annuity. The 2005 total was $13,544.30

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Hon. Corrine Brown
(Full Name)

2444 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-0123

Filer Status	[X] Member of the U.S. House of Representatives — State: FL District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Corrine Brown	May 15, 2006

Name Hon. Corrine Brown

Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Bank of America			X												X							X									
	Wright Patman Congressional Federal Credit Union			X												X							X									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wright Patman Congressional Federal CU	Loan -Personal	X									
	Wachovia Bank	Loan - Personal	X									
	Wachovia Bank	Loan - Revolving	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Association of American Railroads	Feb. 18-21	Wash.,DC - Orlando - Wash	Y	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

HAND DELIVERED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

Henry E. Brown, Jr.
(Full Name)

P. O. Box 61886 North Charleston, SC 29419
(Mailing Address)

843-747-5602
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: SC, District: 01	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

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PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry E. Brown Jr.	5 15 06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Cash-Bank of America	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Cash-Congressional FCU	$1,001 - $15,000	INTEREST	$1 - $200	
	Cash-ING Financial Partners	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
	Cash-Morgan Stanley	None	DIVIDENDS	$1,001 - $2,500	
JT	Cash-NBSC MM	$1,001 - $15,000	INTEREST	$1 - $200	
	Cash-Thrift Savings Plan	$100,001 - $250,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	Cash-Wachovia	$500,001 - $1,000,000	INTEREST	$15,001 - $50,000	
	IRA-First Federal-CD's	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
SP	IRA-First Federal-CD's	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Note Receivable-IJK, Properties, LLC	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Note Receivable-Purvis Corner, LLC	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
	Real Estate-1,500 + Acres, Farm Land, Berkeley Co.	$1,000,001 - $5,000,000	RENT	$5,001 - $15,000	
	Real Estate-6.5 acres, Airport Rd., Moncks Corner, SC	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Real Estate-Harbor Square Apt-Washington, DC	$100,001 - $250,000	RENT	NONE	
	Real Estate-Lots-1050 & 1052 Dominion Drive, Hanahan, SC	$100,001 - $250,000	CAPITAL GAINS	NONE	
	Rental Real Estate-1212 Pine Ct	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Rental Real Estate-5815 Hume Avenue	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Stock-Albertsons Inc.	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P
	Stock-Alltel	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Stock-General Electric	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	Stock-Greenbax Enterprises	None	DIVIDENDS	$1 - $200	S
	Stock-Lyondell Chemical Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Stock-Wachovia Corp.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Henry E. Brown, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Stock-Albertsons Inc.	P	1/20/2005	$15,001 - $50,000
	Stock-765 sh Allel	PS	5/17/2005	$15,001 - $50,000
	Stock-General Electric	P	1/20/2005	$15,001 - $50,000
	Stock-Lyondell Chemical Co.	P	1/20/2005	$15,001 - $50,000
	Stock-Greenbax Enterprises	S	9/26/2005	$15,001 - $50,000
	Stock-700 sh Dominion Resource	PS	12/21/2005	$15,001 - $50,000
	Stock-1575 sh XL Capital	PS	12/21/2005	$15,001 - $50,000
	Stock-978 sh Amer Elect Pwr	PS	12/21/2005	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Henry E. Brown, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Faith and Politics Institute	Jan. 7 - 9, 2005	In State/District	N	N	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 16 PM 3:12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Henry E. Brown, Jr.
(Full Name)

P. O. Box 61886 North Charleston, SC 29419
(Mailing Address)

843-747-5802
Daytime Telephone

Filer Status	✓ Member of the U.S. House of Representatives	State: SC District: 01	Officer Or Employee	Employing Office:
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	No ✓	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No ✓
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No ✓	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ✓	No
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ✓	No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	No ✓
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ✓	No	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No ✓
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	No ✓	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry E Brown Jr	5 13 06

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is *that of your spouse (SP) or dependent child (DC) or is jointly held (JT)*, in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Cash-Bank of America	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Cash-Congressional FCU	$1,001 - $15,000	INTEREST	$1 - $200	
	Cash-ING Financial Partners	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
	Cash-Morgan Stanley	None	DIVIDENDS	$1,001 - $2,500	
JT	Cash-NBSC MM	$1,001 - $15,000	INTEREST	$1 - $200	
	Cash-Thrift Savings Plan	$100,001 - $250,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Henry E. Brown, Jr

	Cash-Wachovia	$500,001 - $1,000,000	INTEREST	$15,001 - $50,000	
	IRA-First Federal-CD's	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
SP	IRA-First Federal-CD's	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Note Receivable-IJK, Properties, LLC	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Note Receivable-Purvis Corner, LLC	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
	Real Estate-1,500 + Acres, Farm Land, Berkeley Co.	$1,000,001 - $5,000,000	RENT	$5,001 - $15,000	
	Real Estate-6.5 acres, Airport Rd., Moncks Corner, SC	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Real Estate-Harbor Square Apt-Washington, DC	$100,001 - $250,000	RENT	NONE	
	Real Estate-Lots-1050 & 1052 Dominion Drive, Hanahan, SC	$100,001 - $250,000	CAPITAL GAINS	NONE	
	Rental Real Estate-1212 Pine Ct	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Rental Real Estate-5815 Hume Avenue	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Stock-Albertsons Inc.	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P
	Stock-Alltel	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Stock-General Electric	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	Stock-Greenbax Enterprises	None	DIVIDENDS	$1 - $200	S
	Stock-Lyondell Chemical Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Stock-Wachovia Corp.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Henry E. Brown, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Stock-Albertsons Inc.	P	1/20/2005	$15,001 - $50,000
	Stock-765 sh Alltel	PS	5/17/2005	$15,001 - $50,000
	Stock-General Electric	P	1/20/2005	$15,001 - $50,000
	Stock-Lyondell Chemical Co.	P	1/20/2005	$15,001 - $50,000
	Stock-Greenbax Enterprises	S	9/26/2005	$15,001 - $50,000
	Stock-700 sh Dominion Resource	PS	12/21/2005	$15,001 - $50,000
	Stock-1575 sh XL Capital	PS	12/21/2005	$15,001 - $50,000
	Stock-978 sh Amer Elect Pwr	PS	12/21/2005	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Henry E. Brown, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Faith and Politics Institute	Jan. 7 - 9, 2005	In State/District	N	N	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

INSIDE MAIL
LEGISLATIVE RESOURCE CENTER
2006 MAY 12 PM 12: 19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

SHERROD BROWN
(Full Name)

37905 HERON LANE
AVON, OHIO 44011
(Mailing Address)

Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: OHIO District: 13TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherrod Brown	5/14/06

Name SHERROD BROWN | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$8,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
(SPOUSE) THE PLAIN DEALER	EMPLOYER	
(SPOUSE) Columbia UNIVERSITY (Pulitzer Prize)	AWARD	
(SPOUSE) SCRIPS HOWARD FOUNDATION	AWARD	
(SPOUSE) RANDOM HOUSE	BOOK ADVANCE	

For payments to charity in lieu of honoraria, use Schedule II.

Name SHERROD BROWN | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
Examples XYZ Magazine	Article	Aug. 13, 2005	$500
NEW PRESS	BOOK	ANNUAL	4,840

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Name SHERROD BROWN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	Block E: P, S, E
SP	Mega Corp Stock					X									X																			P
DC	Simon & Schuster		Indefinite																		Royalties													
JT	1st Bank of Paducah, KY accounts						X										X										X							
	FIDELITY MPELLIN (IRA)				X										X																			
	MUNDER KAMP						X								X																			
	BRAMWELL GROWTH					X									X																			S
	AMER. CENTURY					X									X																			
	ARIEL FUNDS					X									X																			S
	Cong. Credit Union						X										X									X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SHERROD BROWN

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	LORAIN NAT'L. BANK.	C	INTEREST	II	
	AOL	C		I	
	CALVERT SOCIAL INVEST	C	DIVIDENDS	II	S
	OAK TECHNOLOGY	C	DIVIDENDS	II	S
	OAK GROWTH	C	DIVIDENDS	I	S
	OAK AGRESSIVE	C	DIVIDENDS	I	S
	OHIO PERS.	C	INTEREST	I	
	NATIONWIDE (Retired)	C	DIVIDENDS	N/A	
	Brunler Farm	D	RENT	N/A	

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Name SHERRI O GREEN | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	OAK TECHNOLOGY		X		08/08/05	X									
	OAK GROWTH		X		08/08/05	X									
	OAK AGGRESSIVE		X		08/08/05	X									
	BRAMWELL		X		10/24/05		X								
	ARIEL		X		10/03/05		X								
	CALVERT		X		04/28/05	X									

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Name SHERROD BROWN | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None To Report											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None To Report.		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	HARVARD - Commonwealth Fund	01/12/2005 - 01/15/2005	Cleve/Ft Lauderdale/Cleve.	Y	Y	Y	None
	U. of Col. - Center for Latin Am. Stud.	02/25-27/2005	Cleve/Morelia, Mx./Cleveland	Y	Y	Y	None.
	Aspen	08/21-26 2005	Cleve/Dublin Ire/Cleveland	Y	Y	Y	None.

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None to Report.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None to Report.	

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

INSIDE MAIL
LEGISLATIVE RESOURCE CENTER
2006 MAY 24 PM 3:46
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OFFICE OF THE C. ERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

SHERROD Brown (Full Name)

37905 Heron Lane (Mailing Address)

Avon, Ohio 44011

Daytime Telephone 5-3401

Filer Status	[X] Member of the U.S. House of Representatives — State: OHIO District: 13th	[ ] Officer or Employee — Employing Office:	
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherrod Brown	05/23/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	(SPOUSE) THE PLAIN DEALER	EMPLOYER	N/A
	(SPOUSE) Columbia University (Pulitzer Prize)	AWARD	N/A
	(SPOUSE) Scripps Howard Foundation	AWARD	N/A
	(SPOUSE) Random House	Book Advance	N/A.

For payments to charity in lieu of honoraria, use Schedule II.

Name SHERRON Brown | Page 3 of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp. Stock	E	DIVIDENDS X	IV	P
DC, *Examples:*	Simon & Schuster	Indefinite	RENT		
JT	1st Bank of Paducah, KY accounts	F	INTEREST X		X	
	MYTHS OF FREE TRADE · NEWSPRESS	INDEFINITE	Royalties OR QUESTION OF LIABILITY			
	FIDELITY MAGELLAN	C	DIVIDENDS X	I	
	MUHLENKAMP	E	DIVIDENDS X	I	
	BRAMWELL GROWTH	A	DIVIDENDS X	I	Sold
	American Century · Growth Fund	D	DIVIDENDS X	I	
	Ariel – Appreciation Fund	A		I	Sold

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SHERROD BROWN

Page 4 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Cmy Credit Union					X										X									X							
	Lorain Nat'l Bank			X												X						X										
	AOL			X																	X											
	Calvert Social Invest	X												X								X										SOLD
	OAK TECHNOLOGY	X												X								X										SOLD
	OAK GROWTH	X												X							X											SOLD
	OAK AGGRESIVE	X												X							X											SOLD
	OHIO PERS.			X												X						X										
	NATIONWIDE	X																			X											SOLD
	Brumley Farm, Washington Twp. Richland County				X										X						N/A											

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Name SHERROD Brown | Page 5 of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–05		X								
	OAK TECHNOLOGY		X		08/08/05	X									
	OAK GROWTH		X		08/08/05	X									
	OAK AGGRESSIVE		X		08/08/05	X									
	Bramwell		X		10/24/05		X								
	Ariel Appreciation Fund		X		10/13/05		X								
	CALVERT		X		04/28/05	X									
	NATIONWIDE		X		01/21/05	~~X~~									

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Name	Page 6 of _

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Harvard Commonwealth Fund.	01-13-2005 01-15-2005	Cleve - Ft Lauderdale - Cleve	Y	Y	Y	None
	U. of California - Center for Latin Am.	02-25-2005 02-27-2005	Cleve - Morelia, Mx - Cleveland	Y	Y	Y	None
	Aspen	08-21-2005 08-26-2005	Cleve - Dublin, Ir - Cleveland	Y	Y	Y	None

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LEGISLATIVE RESOURCE CENTER
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Virginia "Ginny" Brown-Waite
(Full Name)

5145 Spring Lake HGWY Brooksville, FL 34601
(Mailing Address)

202-225-1002
Daytime Telephone

Filer Status ✓ Member of the U S House of Representatives — State FL District: 05 — Officer Or Employee — Employing Office:

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ✓ No
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ✓ No
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No ✓
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ✓ No
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, § 104 and U S C § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ginny Brown-Waite	5/15/06

SCHEDULE I - EARNED INCOME

Name Virginia "Ginny" Brown-Waite

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Florida, Tallahassee FL	Pensions	$14,076
State of New York, Albany New York	Spouse Pension	$18,868
State of New York, Deferred Compensation	Deferred Compensation	$1,966
State of NY, Albany New York	Pension	$17,695
Sign Solutions	Spouse Part Time Employment	n/a

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Virginia "Ginny" Brown-Waite

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
McDonald's money donated to Christian Contractors	Appearance and Speech to women entrepreneurs	10/20/05	$1,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	1959 MG Collector Car	$1,001 - $15,000		n/a	
JT	2 lots- Marsh Hen Drive, Shallotte, NC	$15,001 - $50,000		n/a	
JT	Ameritrade Cash Account	$15,001 - $50,000	INTEREST	$1 - $200	
	Ameritrade IRA Putnam Voyager	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Ameritrade IRA; Money Market	$1,001 - $15,000	interest	$1 - $200	
	Ameritrade IRA; Sbc Commun (includes formerly AT &T wireless	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

JT	Bank of America	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
JT	Captiol One Money Market	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
JT	Cortez Comm. Bank Stock	$1,001 - $15,000	n/a	NONE	
	Cortez Community Bank	$1,001 - $15,000	n/a	NONE	
JT	Crystal River Bank, Money Market	None	Interest	$1,001 - $2,500	
JT	DC Property 408 F Street NE and rental income	None	Rental/ Capital Gains	$100,001 - $1,000,000	S
JT	DC Property 826 L Street NE and rental income	$500,001 - $1,000,000	Rental	$5,001 - $15,000	P
	Deferred Comp, Hartford, Htfd Div & Growth HLS	$1,001 - $15,000	n/a	NONE	
	Deferred Comp, Hartford; AMCentury Ultra	$1,001 - $15,000	n/a	NONE	
	Deferred Comp. Hartford; Janus Twenty	$1,001 - $15,000	n/a	NONE	
	Deferred comp. Hartford; Putnam Vista	$1,001 - $15,000	n/a	NONE	
	Deferred Comp. Hernando Co. The Hartford, Janus Worldwide	$1,001 - $15,000	n/a	NONE	
JT	Discover Money Market	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	Dreyfus IRA Growth Opportunity Fund	$1,001 - $15,000	n/a	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	Dreyfus IRA Midcap Value	$1,001 - $15,000	n/a	NONE	
	Dreyfus IRA; Dreyfus Small Company Value	$1,001 - $15,000	n/a	NONE	
JT	Etrade Avaya, Inc	None	n/a	NONE	
SP	Etrade Cisco	$1,001 - $15,000	n/a	NONE	
SP	Etrade Jabil Circuit	$1,001 - $15,000	n/a	NONE	
SP	Etrade Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Etrade Tech Data	$15,001 - $50,000	none	n/a	
SP	Etrade Time Warner	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Etrade Tyco	$1,001 - $15,000	n/a	NONE	
JT	Etrade, Indymac Bancorp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Etrade, Money Market	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Etrade, Stewart Ent.	None	Gain	$2,501 - $5,000	S
JT	Franklin Templeton; Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Franklin Templeton; International Fund	$1 - $1,000	n/a	n/a	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

JT	Franklin Templeton; Sector Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	H & R Block Cash	None	INTEREST//DIVIDENDS	n/a	E
JT	H & R Block Collier County Cap. Imp	$15,001 - $50,000	Interest	$1,001 - $2,500	P
SP	H & R Block IRA Home Depot	$1,001 - $15,000	Dividends	$1 - $200	
	H & R Block IRA Jabil Circut	$1,001 - $15,000	n/a	NONE	
SP	H & R Block IRA Money Market	$1 - $1,000	INTEREST//DIVIDENDS	$1 - $200	
	H & R Block IRA, General Electric	$1,001 - $15,000	dividends	$1 - $200	
	H & R Block IRA, Money Market	$1 - $1,000	INTEREST//DIVIDENDS	$201 - $1,000	
SP	H & R Block IRA, Van Kampen (not on schedule 4, less than 1000	None	DIVIDENDS	$1 - $200	E
JT	H & R Block JEA FL Water and Sewer	$15,001 - $50,000	Interest	$1,001 - $2,500	P
JT	H & R Block Manulife previously John Hancock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	H & R Block Sep II-VI	$1,001 - $15,000	none	n/a	
	H & R Block Sep Microsoft	$1,001 - $15,000	dividends	$1 - $200	
	H & R Block Sep, Harmonic	$1 - $1,000	none	n/a	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	H & R Block Sep, IRA Money Market	$1,001 - $15,000	interest	$1 - $200	
JT	H & R Block, Blackrock FL Muni. Trust	$15,001 - $50,000	Interest	$1,001 - $2,500	P
JT	H & R Block, Lee Co. School Board	$15,001 - $50,000	Interest	$1,001 - $2,500	P
JT	H & R Block, Miami Dade Sports Franchise	$15,001 - $50,000	Interest	$1,001 - $2,500	P
JT	H & R Block, Walmart	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Hernando Tax Cert	$1,001 - $15,000	n/a	NONE	
JT	John Hancock Govt	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Nationwide DC AIM Mid Cap Core Equity A	$1,001 - $15,000	n/a	NONE	E
	Nationwide DC AM Century Ultra	$1,001 - $15,000	n/a	n/a	E
	Nationwide DC America Century Eq. Growth	$1,001 - $15,000	n/a	NONE	E
	Nationwide DC DFA US Micro Cap Port	$1,001 - $15,000	n/a	NONE	E
	Nationwide DC Feder Kaufman Fund	$1,001 - $15,000	n/a	NONE	E
	Nationwide DC Federated Mid Cap Index	$1,001 - $15,000	n/a	NONE	E
	Nationwide DC N.B. Genesis Fund Trust	$1,001 - $15,000	n/a	NONE	E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

Nationwide DC Oppenheimer Global	$1,001 - $15,000	n/a	NONE	E
Nationwide Deferred Comp State of FL Waddell & Reed Adv (formerly large cap	None	n/a	NONE	E
Nationwide Deferred Comp SW FL WTR MGMT Janus Fund	$1,001 - $15,000	n/a	NONE	
Nationwide Deferred Comp, State of FL Am Century Ultra	$15,001 - $50,000	n/a	NONE	
Nationwide Deferred Comp, State of FL Brown Cap Mgt Sm Co	None	n/a	NONE	E
Nationwide Deferred Comp, State of FL One Group Midcap (formerly MSIF	None	n/a	NONE	E
Nationwide Deferred Comp, State of FL Templeton Forgein Fund	$1,001 - $15,000	n/a	NONE	
Nationwide Deferred Comp, State of FL, Fixed Account	None	INTEREST	n/a	E
Nationwide Deferred Comp, State of FL, Van Kampen Growth, previously part of Large Cap	$15,001 - $50,000	n/a	NONE	
Nationwide Deferred Comp, SW FL WTR MGMT Fid Contrafund	None	n/a	NONE	E
Nationwide Deferred Comp, SW FL WTR MGMT N B Soc Responsive Fund (previously part of mid cap)	None	n/a	NONE	E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	Nationwide Deferred Comp, SW FL WTR MGMT, Fixed account	None	n/a	NONE	E
	Nationwide Deferred Comp, SW FL WTR MGMT, Janus Worldwide	None	n/a	NONE	E
	Nationwide Deferred Comp, SW FL WTR MGMT, Scudder-Dreman, previously part of large cap	None	N/A	NONE	E
	Nationwide Deferred Comp, SW FL WTR MGT, T Rowe Price Science & Tech	$1,001 - $15,000	n/a	NONE	
	NY Deferred Comp Putnam Fund of Boston A	$1,001 - $15,000	n/a	NONE	E
	NY Deferred Comp Vanguard Wellington FDA	$1,001 - $15,000	n/a	NONE	E
	NY Deferred Comp Wells Fargo Adv Small Cap Z	$1,001 - $15,000	n/a	NONE	E
	NYS Deferred Compensation; Fidelity Magellan	None	n/a	NONE	E
	NYS Deferred Compensation; Fidelity OTC Fund	None	n/a	NONE	E
	NYS Deferred Compensation; MSIF Value Portfolio Inv	$1,001 - $15,000	n/a	NONE	
	NYS Deferred Compensation; Vanguard Inst Index Fd	$1,001 - $15,000	n/a	NONE	
JT	Putnam Tx Exempt	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Travelers IRA Capital Appr. Fund	$1,001 - $15,000	n/a	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

SP	Travelers IRA Dreyfus Stock Index Fund	$1,001 - $15,000	n/a	NONE
SP	Travelers IRA Growth & Income	$1,001 - $15,000	n/a	NONE
JT	US Savings Bond	$1,001 - $15,000	n/a	NONE
JT	World Savings Bank	None	INTEREST	$201 - $1,000

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nationwide DC AM Century Ultra	E	06/05/2005	$1,001 - $15,000
	Nationwide DC Feder Kaufman Fund	E	06/05/2005	$1,001 - $15,000
	Nationwide DC Oppenheimer Global	E	06/05/2005	$1,001 - $15,000
	Nationwide DC DFA US Micro Cap Port	E	06/05/2005	$1,001 - $15,000
JT	H & R Block, Blackrock FL Muni. Trust	P	4/11/05	$15,001 - $50,000
JT	H & R Block Collier County Cap. Imp	P	4/11/05	$15,001 - $50,000
JT	H & R Block, Lee Co. School Board	P	4/11/05	$15,001 - $50,000
JT	H & R Block, Miami Dade Sports Franchise	P	4/11/05	$15,001 - $50,000
JT	H & R Block JEA FL Water and Sewer	P	4/11/05	$15,001 - $50,000
	Nationwide Deferred Comp, State of FL Brown Cap Mgt Sm Co	E	6/05/2005	$1,001 - $15,000
	Nationwide DC N.B. Genesis Fund Trust	E	06/05/2005	$1,001 - $15,000
	Nationwide DC Federated Mid Cap Index	E	06/05/2005	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nationwide DC America Century Eq. Growth	E	06/05/2005	$1,001 - $15,000
	Nationwide DC AIM Mid Cap Core Equity A	E	06/05/2005	$1,001 - $15,000
SP	Etrade, Stewart Ent.	S	2/15/05	$1,001 - $15,000
JT	DC Property 408 F Street NE and rental income	S	3/24/05	$500,001 - $1,000,000
JT	DC Property 826 L Street NE	P	3/17/05	$500,001 - $1,000,000
	NYS Deferred Compensation; Fidelity Magellan	E	5/4/05	$1,001 - $15,000
	NYS Deferred compensation; Fidelity OTC Fund	E	5/4/05	$1,001 - $15,000
	NY Deferred Comp Wells Fargo Adv Small Cap Z	E	5/4/05	$1,001 - $15,000
	NY Deferred Comp Putnam Fund of Boston A	E	5/4/05	$1,001 - $15,000
	NY Deferred Comp Vanguard Wellington FDA	E	5/4/05	$1,001 - $15,000
	Nationwide Deferred Comp, SW FL WTR MGMT, Janus Worldwide	E	06/05/05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nationwide Deferred Comp, SW FL WTR MGMT N B Soc Responsive Fund (previously part of mid cap)	E	06/05/2005	$1,001 - $15,000
	Nationwide Deferred Comp, SW FL WTR MGMT Fid Contrafund	E	06/05/05	$1,001 - $15,000
	Nationwide Deferred Comp, SW FL WTR MGMT, Fixed account	E	06/05/05	$1,001 - $15,000
	Nationwide Deferred Comp, State of FL, Fixed Account	E	06/05/05	$1,001 - $15,000
	Nationwide Deferred Comp, State of FL One Group Midcap (formerly MSIF	E	06/05/05	$1,001 - $15,000
	Nationwide Deferred Comp State of FL Waddell & Reed Adv (formerly large cap	E	06/05/05	$1,001 - $15,000
	Etrade Money Market	P	2/15/05	$1,001 - $15,000
	H & R Block Cash	E	4/11/05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Virginia "Ginny" Brown-Waite

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	mortgage on 826 L Street NE	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Virginia "Ginny" Brown-Waite

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
McDonald's	October 2 (one day only)	Tampa--Chicago--Tampa	N	N	N	n/a

SCHEDULE IX - AGREEMENTS

Name Virginia "Ginny" Brown-Waite

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NY State	Defined Benefit Plan. Assets listed on Schedule III
	State of Florida	Defined Benefit Plan. Income listed on Schedule I

FOOTNOTES

Name Virginia "Ginny" Brown-Waite

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule IV	In 6/05, Nationwide Deferred Compensation funds were allocated differently and shown as exchanges. This disclosure reflects that exchange	Nationwide DC exchanges
2	Schedule VII	The trip to Chicago was one day only. Commerical air travel and cost of ground transportation from airport in Chicago were filed in the Travel Disclosure Form	McDonald's

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 31 PM 5:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Michael C. Burgess, M.D.
(Full Name)

P.O. Box 292728 Lewisville, TX 75029-2728
(Mailing Address)

(202) 225-7772
Daytime Telephone

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☑ Member of the U.S. House of Representatives	State: TX District: 26	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	Amendment	Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐	No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐	No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑	No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑	No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑	No ☐
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐	No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑	No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑	No ☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	M C Burgess	5/31/2006

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Lake Point Medical Realty GP, LLC	None		NONE	
Lake Point Medical Realty Ltd.	$100,001 - $250,000		NONE	
Lewisville Surgicare Partners, Ltd.	None	INTEREST/CAPITAL GAINS	$50,001 - $100,000	Other
5 acres Talkeetna, AK	$1,001 - $15,000		NONE	
Abbott Labs	$1,001 - $15,000	DIVIDENDS	$1 - $200	
American Movil Sa De CV	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

Cigna Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Walt Disney Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200
HCA, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Intel Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Merck and Co.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
Microsoft	$1,001 - $15,000	DIVIDENDS	$1 - $200
Nokia	$1 - $1,000	DIVIDENDS	$1 - $200
Petrofund Energy Trust	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500
Southwest Airlines	$1,001 - $15,000	DIVIDENDS	$1 - $200
Stryker Corp.	$15,001 - $50,000	DIVIDENDS	$1 - $200
Telephonos De Mexico	$1,001 - $15,000	DIVIDENDS	$1 - $200
Fidelity Adv Series Equity Income Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200
General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200
Wyeth	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

SP	GE LF Annuity (IRA)	$1,001 - $15,000	Capital Appreciation	$1 - $200	
SP	Hartford Annuity	$1,001 - $15,000	Capital Appreciation	$201 - $1,000	
	Pfizer Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Texas Bank	$100,001 - $250,000	INTEREST	$1 - $200	
	Centennial Money Market	$1,001 - $15,000	INTEREST	$1 - $200	
JT	United Community Bank	$1,001 - $15,000	INTEREST	$1 - $200	
	2.5 acres Harbor South, Arkansas	$15,001 - $50,000		NONE	
	2509 Scripture LP	None	CAPITAL GAINS	$2,501 - $5,000	S
	4637 Ivanhoe, Fort Worth, Texas	$50,001 - $100,000		NONE	
	4 acres Timbercreek, Lewisville, Texas	$100,001 - $250,000		NONE	
	1 acre, Denton, Texas	$15,001 - $50,000		NONE	P
SP	American Movil Sa De CV	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Stryker Corp.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Telephonos De Mexico	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

SP	Fidelity Adv. Series - Equity Growth Fund	$1,001 - $15,000		NONE	
SP	MFS Series Trust II - Emerging Growth Fund	$1 - $1,000		NONE	
SP	Pfizer	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	AMR	$1,001 - $15,000		NONE	P
	Capstead Mortgage	None	DIVIDENDS	$1 - $200	S
	GM Corp.	None	DIVIDENDS	$1 - $200	S
	Limited Brands	$1 - $1,000	DIVIDENDS	$201 - $1,000	
	Ishare DJ US TLCM ACT IDX	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
	The above information was inadvertantly omited in 2004				
	Vanguard Vipers Energy	$1,001 - $15,000		$1 - $200	P
	Dell	$1,001 - $15,000		NONE	P
	Powershares Zacks Micro Cap Index	$1,001 - $15,000		NONE	P
	UMB Scout Worldwide	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Vanguard Energy Index Funds	$1 - $1,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

Fidelity Value	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	P
Fidelity Intl Discovery	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
Fidelity Capital Appreciation	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
Fidelity Contra Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
Fidelity Ginnie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Fidelity Export and Multi National	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	P

SCHEDULE IV - TRANSACTIONS

Name Michael C. Burgess, M.D.

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	2509 Scripture LP	S	04-01-05	$1,001 - $15,000
	1 acre, Denton, Texas	P	04-01-05	$15,001 - $50,000
	AMR	P	12-28-05	$1,001 - $15,000
	Capstead Mortgage	S	11-28-05	$1,001 - $15,000
	GM Corp.	S	11-28-05	$1,001 - $15,000
	Vanguard Vipers Energy	P	12-12-05	$1,001 - $15,000
	Fidelity Value	P	3-05	$1,001 - $15,000
	Fidelity Intl Discovery	P	3-05	$1,001 - $15,000
	Fidelity Capital Appreciation	P	3-05	$1,001 - $15,000
	Fidelity Contra Fund	P	3-05	$1,001 - $15,000
	Fidelity Ginnie Mae	P	3-05	$1,001 - $15,000
	Fidelity Export and Multi National	P	3-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael C. Burgess, M.D.

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Dell	P	9-12-05	$1,001 - $15,000
	Powershares Zacks Micro Cap Index	P	10-04-05	$1,001 - $15,000
	UMB Scout Worldwide	P	12-06-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Michael C. Burgess, M.D.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Mortgage on 4637 Ivanhoe., Fort Worth, Texas	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael C. Burgess, M.D.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation RSC Retreat	Feb 3	Wash, D.C.--Balt.,MD--Wash, D.C.	Y	Y	N	None
TXU Energy Tour	Apr. 29	DFW, TX -- Fairfield, TX--DFW, TX	N	Y	N	None
American Academy of Nurse Practioners	Jun. 19-20	DFW, TX -- Ft. Lauderdale, FL--Wash, D.C.	Y	N	N	None
Dr. Mark McGinnis	Oct. 14-16	DFW,TX--New Orleans, LA--DFW,TX	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Michael C. Burgess, M.D.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any *educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities;* positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees (Retired Member)	Medical Center of Lewisville, Texas

FOOTNOTES

Name: Michael C. Burgess, M.D.

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Member's interest was not recorded in 2004 as Member's liquidation was being negotiated.	Lewisville Surgicare Partners, Ltd.
2	Schedule III	This information was inadvertantly omitted in the 2004 FD.	Ishare DJ US TLCM ACT IDX

578

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 4:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Filer Use Only)

Danny Lee Burton (Full Name) 2006 MAY 15 PM 6:49

2185 Rayburn HOB (Mailing Address) Daytime Telephone:

Washington, DC 20515 202-225-2276

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	X Danny Lee Burton	5 / 15 / 06

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton Page 2 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Burton Ranch	F		I	
	Flat Creek, Ky	E		I	
	Plata Del Norte	F		I	
	Johnson Co (23.7)	G	DIVIDENDS	IV	
	Vasari – Altessa Way	H		I	P
	Oldsmar (203/203)	H	(note sched IV)	I	P
	Adams Row (202/202)	A	(note sched IV)		P/S
	Johnson Co (7.50)	A	INTEREST; CAPITAL GAINS	IX	S
	Harting Farm	A	INTEREST; CAPITAL GAINS	IX	S
	Mesirow Mo Mkt	F	INTEREST	IV	E (see sch IV)
	Lehman Br	E	INTEREST	III	P
	Bancorp	E	INTEREST	III	P
	Indicator Systems Ltd	E		I	P
	Monte Vista/Tegner Inv	E		I	P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 3 of 6

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Full House	X																		N/A	X											S
	Alliance B Glo Tech	X																		N/A	X											S
	Canyon Res C.	X																		N/A	X											S
	K2 INC	X																		N/A	X											S
	K2 INC	X																		N/A	X											S
	Corixa	X																		N/A	X											S
	Lehman Bro.	X														X							X									S

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SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-05		X								
	Vasari - Altessa Way	X			6/7/05						X				
	Oldsmar (202/203)	X			12/29/05			X	(Pre-construction contract sale)						
	Adams Row (202/203)	X			4/11/03			X							
	(NOTE: Preconstruction contract sale inadvertently omitted '04 FD)														
	Adams Row (202/203)	X			2/18/05						X				
	Adams Row - 202		X		4/11/05						X				
	Adams Row - 203		X		5/1/05						X				
	Johnson Co - (7.5)		X		3/31/05				X						
	Harting Farm		X		9/30/05						X				
	Mesirow Mo Mkt			X	'05 (formerly Pershing Mo Mkt)										
	Indicator Systems Intl.	X			6/10/05			X							
	Monte Vista / Tegnor Invt.	X			4/19/05			X							

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SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Full House		X		2/22/05		X								
	Alliance B Global Tech		X		8/16/05	X									
	Canyon Res. Corp.		X		8/16/05	X									
	K2 INC		X		8/16/05	X									
	K2 INC		X		8/16/05	X									
	Corixa		X		7/13/05	X									

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Name Danny L Burton Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	American Security Council Foundation
Governing Board	Care for Kids Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2006 25-620 (#1C)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

MAY 15 2006
LEGISLATIVE RESOURCE CENTER
2006 MAY 24 PM 1:21
OFFICE OF THE C. ERK
U.S. HOUSE OF REPRESENTATIVES

Danny Lee Burton
(Full Name)
2185 Rayburn HOB
(Mailing Address)
Washington, DC 20515
Daytime Telephone: 202-225-2276

Filer Status	[X] Member of the U.S. House of Representatives — State District	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any *reportable asset worth more than $1,000 at the end of the period?* **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding *$1,000 during the reporting period?* **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? ***If yes, complete and attach Schedule V.***	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting *period (worth more than $305 from one source)?* **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? ***If yes, complete and attach Schedule VIII.***	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? ***If yes, complete and attach Schedule IX.***	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	X Danny Lee Burton	5/15/06

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 2 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIV/IDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Burton Ranch						X														X											
	Flat Creek, Ky				X																X											
	Plata Del Norte						X														X											
	Johnson Co (23.7)							X							X									X								
	Vasari - Altessa Way								X												X											P
	Oldsmar (202/203)								X	(note sched IV)											X											P
	Adams Row (202/203)	X	(note sched IV)																													P/S
	Johnson Co (7.50)	X															X												X			S
	Harting Farm	X															X												X			S
	Mesirow Mc Mkt						X									X								X								E (see sch IV)
	Lehman Br					X										X							X									P
	Bancorp					X										X							X									P
	Indicator Systems Ltd					X															X											P
	Monte Vista/Tagner Inv					X															X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Full House	X																		N/A	X											S
	Alliance B Glo Tech	X																		N/A	X											S
	Canyon Res C.	X																		N/A	X											S
	K2 INC	X																		N/A	X											S
	K2 INC	X																		N/A	X											S
	Coriya	X																		N/A	X											S
	Lehman Bro.	X														X							X									S

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SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton | Page 4 of 6

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Vasari - Altessa Way	X			6/7/05						X				
	Oldsmar (202/203)	X			12/28/05			X							
	Adams Row (202/203)	X			4/11/03			X							
	(NOTE: Preconstruction contract sale inadvertently omitted '04 FD)														
	Adams Row (202/203)	X			2/18/05						X				
	Adams Row - 202		X		4/11/05						X				
	Adams Row - 203		X		5/1/05						X				
	Johnson Co - (7.5)		X		3/31/05				X						
	Harting Farm		X		9/30/05						X				
	Mesirow Mo Mkt			X	'05 (formerly Pershing Mo Mkt)										
	Indicator Systems Intl.	X			6/10/05			X							
	Monte Vista / Tegnor Invt.	X			4/19/05			X							

This page may be copied if more space is required.

Name Danny Lee Burton | Page 5 of 6

SCHEDULE IV — TRANSACTIONS

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SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	Full House		X		2/22/05		X								
	Alliance B Global Tech		X		8/16/05	X									
	Canyon Res. Corp.		X		8/16/05	X									
	K2 INC		X		8/16/05	X									
	K2 INC		X		8/16/05	X									
	Coriya		X		7/13/05	X									

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SCHEDULE VIII — POSITIONS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 JUN -7 AM 11:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

G. K. Butterfield
(Full Name)

P. O. Box 2571
(Mailing Address)

Wilson, NC 27894

Daytime Telephone: (252) 243-7996

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	G K Butterfield	6/6/2006

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of North Carolina	Retirement	$51,432

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name G. K. Butterfield

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C													Block D										Block E
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X									X																	P
	Simon & Schuster		Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts															X								X							
	BB+T, Wilson, NC			X												X															
	BB+T, Wilson, NC			X												X															
	BB+T, Wilson, NC			X												X															
	Unity Life CMC, Inc															X									X						
	JSL Development CTR			X												X						X									
	Butterfield For Congress															X															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name G. K. Butterfield

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST (QUALIFIED BLIND TRUST)	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	R.E. Partnership-F.&W.					X																X						
	R.E. Partnership-B.&C.							X															X					
	R.E. Partnership-B.&M.						X												X									
	Real Estate-Individual																								X			

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name G.K. Butterfield

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H1 $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Rental Real Estate- 106, 217, 301 Pender St, Wilson		X		09/16/05		X								
	Rental Real Estate- 800 W. Hines St., Wilson		X		08/23/05				X						
	Rental Real Estate- 205 S. Pender St., Wilson	X			01/01/05		X								
	Rental Real Estate- 608 E. Nash St., Wilson	X			04/01/05	X									
	Rental Real Estate- 622 E. Nash St., Wilson	X			04/01/05	X									
	Rental Real Estate- 2901/2301 Fitch Dr., Wilson		X		03/11/05			X							

This page may be copied if more space is required.

Schedule V - Liabilities

G. K. Butterfield

Creditor	Type of Liability	Amount of Liability				
		B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000
Heritage Bank, Wilson, NC	536 Nash (B T Barnes) of Wilson, NC			X		
Cornerstone Bank, Wilson, NC	528 Nash St (Beauty Parlor) of Wilson, NC		X			
Heritage Bank, Wilson, NC	548 Nash St (Rosemond) of Wilson, NC			X		
Heritage Bank, Wilson, NC	106 Pender St (Xiamena) of Wilson, NC		X			
Heritage Bank, Wilson, NC	542 Nash St (Potts) of Wilson, NC			X		
Cornerstone Bank, Wilson, NC	1614 MLK Pkwy of Wilson, NC		X			
First Citizens, Wilson, NC	800 Hines St of Wilson, NC			X		
Cornerstone Bank, Wilson, NC	5314 Ward Blvd of Wilson, NC		X			
Cornerstone Bank, Wilson, NC	1702 MLK Pkwy of Wilson, NC		X			
Heritage Bank, Wilson, NC	115 Ash of Wilson, NC		X			
Heritage Bank, Wilson, NC	603 Nash St of Wilson, NC		X			
BB&T Bank, Wilson, NC	211-213 Pender St of Wilson, NC			X		
BB&T Bank, Wilson, NC	109 Wayfarer Ct of Wilson, NC			X		
BB&T Bank, Wilson, NC	325 E Nash St (Funeral Home) of Wilson, NC		X			
Cornerstone Bank, Wilson, NC	205 S. Pender St (Peppers) of Wilson, NC		X			
Cornerstone Bank, Wilson, NC	608 E. Nash of Wilson, NC		X			
Erader Mills, Wilson, NC	622E. Nash (Garris) of Wilson, NC	X				
Countrywide Bank, Wilson, NC	Other Liabilities (Wilson, NC)			X		

Name G. K. Butterfield | Page 7 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/1/04	G.K. Butterfield + State of N.C.	Receive $4,285.96 monthly from May 1, 2004 until death.

GPO 2000 25-628 (mac)

Use additional sheets if more space is required.

Real Estate Partnerships
G.K. Butterfield
As of December 31, 2005

Description	Value	Gross Annual Rent Received	Entity	Ownership Interest
211-213 Pender Street	$300,000.00	$39,000.00		
109 Wayfarer Court	$300,000.00	$39,000.00		
137 Wayfarer Court	$25,000.00	$0.00		
Total	**$625,000.00**	**$78,000.00**	**Real Etate Partnership--Butterfield & Connie**	**50%**
325 E. Nash St.(F.H.)	$210,000.00	$25,800.00		
Total	**$210,000.00**	**$25,800.00**	**Real Estate Partnership--Fitch, Butterfield, & Wynn**	**33%**
205 S. Pender	$40,000.00	$1,680.00		
608 E. Nash	$40,000.00	$0.00		
622 E. Nash (Garris)	$10,000.00	$0.00		
622.5 E. Nash	$15,000.00	$0.00		
600 E. Nash	$65,000.00	$0.00		
105 S. Pender	$10,000.00	$0.00		
113 S. Pender	$60,000.00	$0.00		
Total	**$240,000.00**	**$1,680.00**	**Real Estate Partnership--Butterfield & Mills**	**50%**

Real Estate–Individual
G.K. Butterfield
As of December 31, 2005

Description	Value	Gross Annual Rent Received	Capital Gain	Ownership Interest
528 Nash Street (Beauty Parlor)	$75,000.00	$6,000.00		100%
536 Nash Street (BT Barnes)	$110,000.00	$16,440.00		100%
542 Nash Street (Potts)	$80,000.00	$0.00		100%
548 Nash Street (Rosemond)	$80,000.00	$8,400.00		100%
532 Nash Street (Tolson)	$20,000.00	$0.00		100%
544 Nash Street (Tolson)	$20,000.00	$0.00		100%
534 Nash Street (Wingate)	$20,000.00	$0.00		100%
550 Nash Street	$28,000.00	$0.00		100%
106 Pender Street (Xiamena)	$60,000.00	$6,300.00		100%
603 Nash Street	$80,000.00	$3,600.00		100%
611-613 Nash Street	$40,000.00	$2,916.00		100%
111-113 Ash Street	$30,000.00	$2,124.00		100%
115-117 Ash Street	$30,000.00	$2,820.00		100%
106, 217, 301 Pender Street	$0.00	$6,300.00		100%
2901-2301 Fitch Drive	$0.00	$650.00	$21,365.00	100%
800 W. Hines Street	$0.00	$1,650.00	$135.00	100%
1614 MLK Pkwy.	$29,000.00	$3,900.00		100%
1702 MLK Pkwy.	$60,000.00	$6,000.00		100%
5314 Ward Blvd.	$70,000.00	$6,300.00		100%
203 -301 East Street	$40,000.00	$3,360.00		100%
1704 MLK Pkwy.	$15,000.00	$0.00		100%
406 Maury Street	$6,000.00	$0.00		100%
410 Maury Street	$10,000.00	$0.00		100%
Total	$903,000.00	$76,760.00	$21,500.00	100%

- Assets are stated at their estimated current values and liabilities at their estimated current amounts.

Note Receivables are as follows:

Organization	Receivable Balance	Source of Income
Unity Life CMC, Inc. (800 Hines Street)	$120,000	Promissory note on property
JSL Development Center	$5,000	Promissory note on property
Butterfield For Congress Committee	$24,000	Promissory note on campaign loan

600

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and em

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 3:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC

Stephen E Buyer
(Full Name)

2230 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202.225.5037
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: IN District: 04	☐ Officer Or Employee — Employing Office.
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? *If yes, complete and attach Schedule I.*	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? *If yes, complete and attach Schedule VI.*	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions–	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/06

SCHEDULE I - EARNED INCOME

Name Stephen E Buyer

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Purdue University	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen E Buyer

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Money Market Account, Charles Schwab, Indianapolis, IN	$50,001 - $100,000	INTEREST	$5,001 - $15,000	N/A
	Savings Account, Wells Fargo, Monticello, IN	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	Checking Account, Wright Patman Congressional Federal Credit Union, Washington, DC	$1,001 - $15,000	N/A	NONE	N/A
JT	Checking Account, WIls Fargo, Monticello, IN	$1,001 - $15,000	INTEREST	$201 - $1,000	N/A
	Checking Account, Wright Patman Congressional Federal Credit Union, Washington, DC	$1,001 - $15,000	N/A	NONE	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen E Buyer

SP	IRA, Charles Schwab	$1,001 - $15,000	INTEREST	$5,001 - $15,000	NA
JT	Law Office, 103 West Braodway, Monticello, IN	$100,001 - $250,000	RENT	$5,001 - $15,000	NA
JT	Dell Computer, Common Stock	$100,001 - $250,000	Loss	($201 - $1,000)	S
SP	IRA, CharlesSchwab	$50,001 - $100,000	INTEREST	$1,001 - $2,500	NA

SCHEDULE IV - TRANSACTIONS

Name Stephen E Buyer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Dell Computer, Common Stock	S	6-1-05	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name Stephen E Buyer

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Wells Fargo Mortgage, Monticello, IN	Mortgage on Law Office, 103	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Stephen E Buyer

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Consumer Electronics Assocaition	Jan. 6-9, 2005	Indianapolis - Washington, DC - Indianapolis	Y	Y	Y	N/A
German Marshall Fund	July 3 - 10, 2005	Indianapolis to Berlin, Berlin to Munich, Munich to Washington, DC	Y	Y	Y	N/A

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 3:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

KENNETH STANTON CALVERT
(Full Name)

2201 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515
(Mailing Address)

202/225-1986
Daytime Telephone

(Office Use Only)

Filer Status: ☑ Member of the U.S. House of Representatives — State CA District 44 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kenneth S. Calvert	5-11-06

607

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENNETH STANTON CALVERT

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Commercial Rental 63 W. Grand, Corona, CA	$250,001 - $500,000	RENT	$15,001 - $50,000	
Vacant Land Green Farms, TX	$500,001 - $1,000,000	Partnership Income	$15,001 - $50,000	
Stock Calvert Real Properties, Inc.	$250,001 - $500,000	DIVIDENDS	$15,001 - $50,000	
Commercial Rental 322 Washburn - 37.5% Corona, CA	$250,001 - $500,000	RENT /CAPITAL GAINS	$100,001 - $1,000,000	S/E
408,410 S. Main St. Corona, CA - 37.5%	$100,001 - $250,000	RENT/CAPITAL GAINS	$100,001 - $1,000,000	S/E
Citizens Business Bank Personal Checking	$100,001 - $250,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENNETH STANTON CALVERT

	624 E. Grand Blvd., Corona, CA - 50%	$250,001 - $500,000	RENT	$15,001 - $50,000	
	501 & 503 E. 6th St. Corona, CA - 25%	$100,001 - $250,000	RENT	$15,001 - $50,000	
	3rd St., Vacant Land Corona, CA - 25%	$250,001 - $500,000	None	NONE	
	Seaton & Martin Streets, Perris, CA - 50%	$500,001 - $1,000,000	RENT	$5,001 - $15,000	P/E

SCHEDULE IV - TRANSACTIONS

Name KENNETH STANTON CALVERT

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	*Commercial Rental 322 Washburn - 37.5%	S/E	4/13/05	$250,001 - $500,000
	*408,410 S. Main St. Corona, CA - 37.5%	S/E	4/13/05	$250,001 - $500,000
	Seaton & Martin Streets Perris, CA - 50%	P/E	5/9/05	$500,001 - $1,000,000
	*Note: Both 322 Washburn and 408,410 S. Main Street Properties sold together.			

SCHEDULE V - LIABILITIES

Name KENNETH STANTON CALVERT

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citizens Business Bank Corona, CA	Mortgage, (100%) 63 W. Grand, Corona, CA	$50,001 - $100,000
	Al and Opal Wilson Corona, CA	Mortgage (37.5%) 408,410 S. Main Corona, CA	$100,001 - $250,000
	Citizens Business Bank Corona, CA	Mortgage (25%) 501,503 E. 6th Streets Corona, CA	$500,001 - $1,000,000
	Citibank Irvine, CA	Mortgage (25%) 3rd Street, Corona, CA Vacant Land	$1,000,001 - $5,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name KENNETH STANTON CALVERT

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
America's Trust, Inc. (501 (C) (4)	Apr. 29-May 1	Wash., DC - Napa Valley, CA - Wash., D.C.	Y	Y	N	N/A

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

DAVID LEE CAMP
(Full Name)

137 CANNON HOB WASHINGTON, DC 20515
(Mailing Address)

(202) 225-3561
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: MI, District: 4	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Lee Camp	6/12/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
ABBOTT LABORATORIES-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S
ADOBE SYSTEMS INC-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	
AGILENT TECHNOLOGIES-STOCK	$1,001 - $15,000	None	NONE	
ALCON INC-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	
ALLTEL CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
AMERICAN EXPRESS-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	AMGEN-STOCK	$15,001 - $50,000	None	NONE	S
	ANHEUSER BUSCH CO-STOCK	None	DIVIDENDS	$201 - $1,000	S
	APPLE COMPUTER INC-STOCK	$15,001 - $50,000	None	NONE	
	AQUA AMERICA INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	ARCHER DANIELS MID-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	AUTOMATIC DATA PROCESS-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S
	BELLSOUTH CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	BHP BILLITON LTD ADR-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	BOEING CO-STOCK	$1,001 - $15,000	None/None	NONE	P
	BURLINGTON NO SANTA FE-STOCK	$15,001 - $50,000	None	NONE	P
	BP PLC SPONS ADR-STOCK	None	DIVIDENDS	$201 - $1,000	S
	CAMECO CORP-STOCK	$1,001 - $15,000	None	NONE	P
	CARDINAL HEALTH INC-STOCK	$1,001 - $15,000	/DIVIDENDS	$1 - $200	
	CHEMICAL FINANCIAL-STOCK	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	CATERPILLAR INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	CISCO SYSTEMS-STOCK	$15,001 - $50,000	None	NONE	S
	CITIGROUP INC-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	COLGATE-PALMOLIVE CO-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	COCA COLA CO-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	COMERICA INC-STOCK	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	CONOCOPHILLIPS-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S
	CORNING INC-STOCK	$1,001 - $15,000	None	NONE	P
	COSTCO WHOLESALE-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	DELL INC-STOCK	$1,001 - $15,000	None	NONE	S
	DEVON ENERGY CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	DISNEY CO-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	DOW CHEMICAL CO -STOCK	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	S
	ECOLAB-STOCK	None	DIVIDENDS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	ELECTRONICS ARTS-STOCK	$1,001 - $15,000	None	NONE	P
	EXXON MOBIL-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	FEDEX CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	FPL GROUP INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	FORD MOTOR CO-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	GENENTECH INC-STOCK	$15,001 - $50,000	None	NONE	P
	GENERAL DYNAMICS-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	GENERAL ELECTRIC CO-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
	GENTEX CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	GOLDMAN SACHS-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	GOOGLE INC CL-A-STOCK	$1,001 - $15,000	None	NONE	P
	HSBC HOLDINGS PLC-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S
	HJ HEINZ CO-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	THE HERSHEY COMPANY - STOCK	None	DIVIDENDS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	HEWLETT-PACKARD CO-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	HOME DEPOT INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S
	IBM-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	INCO LTD-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P, S
	INTEL-STOCK	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P,S
	JOHNSON & JOHNSON-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	MARATHON OIL CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	MCGRAW HILL-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	MEDTRONIC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	MURPHY OIL CO-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
	MYLAN LABORATORIES-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	NESTLE SA ADR-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	NIKE INC-STOCK	$15,001 - $50,000	DIVIDEND	$201 - $1,000	S

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	OSHKOSH TRUCK CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
	PACCAR INC-STOCK	None	DIVIDENDS	$201 - $1,000	S
	PEABODY ENERGY INC-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	PFIZER INC-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P,S
	PROCTER & GAMBLE CO-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
	REGIONS FINANCIAL-STOCK	None	DIVIDENDS	$201 - $1,000	P,S
	ROCKWELL AUTOMATION-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	SANOFI-AVENTIS ADR-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	SARA LEE CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P,S
	SHERING-PLOUGH CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	SHERWIN WILLIAMS-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	ST JUDE MEDICAL-STOCK	$1,001 - $15,000	None	NONE	P
	STARBUCKS CORP-STOCK	$1,001 - $15,000	None	NONE	S
	TARGET-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	TEVA PHARM IND ADR-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	TORCHMARK CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	TOYOTA MOTOR ADR-STOCK	$1,001 - $15,000	None	NONE	P
	TRANSOCEAN INC-STOCK	$15,001 - $50,000	None	NONE	P
	US BANCORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	UNITED TECHNOLOGIES-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S
	VALERO ENERGY CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	WELLPOINT INC-STOCK	$1,001 - $15,000	None	NONE	P
	WELLS FARGO & CO-NEW-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	WHOLE FOODS INC-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	YAHOO! INC-STOCK	$1,001 - $15,000	None	NONE	P
	3M CO-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	CENTENNIAL MONEY MKT TR-STOCK	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	CENTENNIAL TAX EXEMPT TR-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	SSGA MMF-STOCK	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	SSGA TAX FREE MMF-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	HURON VALLEY MI-BOND	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	CLARKSTON MI GO-BOND	None	INTEREST	$1,001 - $2,500	S
	ILLINOIS ST GO ULT SER A-BONDS	$100,001 - $250,000	INTEREST	NONE	P
	MI ST NOTES SER B "05-BONDS	None	INTEREST	$1,001 - $2,500	S
	MICHIGAN ST GO-BONDS	None	INTEREST	$5,001 - $15,000	P,S
	MICHIGAN ST GO UNLTD 9/06-BONDS	$250,001 - $500,000	INTEREST	$5,001 - $15,000	P
	MISSOURI ST GO REF BLDG A-BONDS	$100,001 - $250,000	None	NONE	P
	UNIVERSITY OF MI REVS-STOCK-BONDS	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	OHIO ST GO ULT HI ED-BONDS	$15,001 - $50,000	INTEREST	$1 - $200	P
	UTAH ST GO ULT 7-07-BONDS	$100,001 - $250,000	None	NONE	P
	WASHINGTON ST GO ULT-BONDS	None	INTEREST	$1,001 - $2,500	S
	US TREASURY BILLS-BONDS	$250,001 - $500,000	INTEREST	$2,501 - $5,000	P,S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	AG EDWARDS-IRA MM FUNDS	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-CHEMICAL FINANCIAL-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IRA-GOLD SACHS CORP BD FD-ISHARES TR	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	IRA-LEHMAN 1-3 YR TREAS.-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IRA- MSCI EAFE INDEX FD-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IRA- DOW JONES US CONS SECT INDEX FD-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA- S & P MIDCAP 400 GROWTH IND-ISHARES TR	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	IRA- US UTILS SECT-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA- S & P MID CAP 400 VALUE FD-ISHARES	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	IRA-DOW JONES US TELECOMM. SECT-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA- DOW JONES US HEALTHCARE SECT IND-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-DOW JONES US CONSUMER GOODS INDEX FD-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-SECTOR SPDR TR-CONSUMER STAPLES	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	IRA-SELECT SECT SPDR TR-SBI-CONSUMER DISCRET	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-SECTOR SPDR TR-ENERGY SBI	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-SECTOR SPDR TR-FINANCIAL -SBI	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IRA-SECTOR SPDR TR INDUSTRIAL-SBI	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IRA-SECTOR SPDR TR-TECHNOLOGY-SBI	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	KEIL TRUST-U/A 3/05/98 FBO NANCY CAMP-GRANTOR, ROBERT KEIL "EXCEPTED TRUST"	$1,087,400	DIVIDENDS & INTEREST	$15,001 - $50,000	
	DOW CHEMICAL COMPANY 401K	$100,001 - $250,000	DIVIDENDS &/INTEREST	$1,001 - $2,500	
	MI STATE EMPL DEF COMPENSATION	$15,001 - $50,000	DIVIDENDS &/INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	ABBOTT LABORATORIES-STOCK	S	VAR	$15,001 - $50,000
	ALLTEL CORP-STOCK	P	VAR	$1,001 - $15,000
	AMERICAN EXPRESS-STOCK	S	VAR	$1,001 - $15,000
	ANADARKO PETROLEUM-STOCK	PS	VAR	$1,001 - $15,000
	ANHEUSER BUSCH CO-STOCK	S	VAR	$15,001 - $50,000
	AUTOMATIC DATA PROCESS-STOCK	S	VAR	$15,001 - $50,000
	BAKER HUGHES INC-STOCK	S	VAR	$1,001 - $15,000
	BELLSOUTH CORP-STOCK	P	VAR	$1,001 - $15,000
	BHP BILLITON LTD ADR-STOCK	P	VAR	$15,001 - $50,000
	BOEING CO-STOCK	P	VAR	$1,001 - $15,000
	BURLINGTON NO SANTA FE-STOCK	P	VAR	$15,001 - $50,000
	BP PLC SPONS ADR-STOCK	S	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	CAMECO CORP-STOCK	P	VAR	$1,001 - $15,000
	ARCHER DANIELS MID-STOCK	P	VAR	$1,001 - $15,000
	CENTEX CORP-STOCK	PS	VAR	$1,001 - $15,000
	CIA VALE RIO DOCE ADR-STOCK	PS	VAR	$1,001 - $15,000
	CINTAS CORP-STOCK	S	VAR	$1,001 - $15,000
	CISCO SYSTEMS-STOCK	S	VAR	$15,001 - $50,000
	COCA COLA CO-STOCK	P	VAR	$1,001 - $15,000
	COMCAST CORP-STOCK	PS	VAR	$1,001 - $15,000
	CONOCOPHILLIPS-STOCK	S	VAR	$1,001 - $15,000
	CORNING INC-STOCK	P	VAR	$1,001 - $15,000
	COSTCO WHOLESALE-STOCK	S	VAR	$1,001 - $15,000
	DELL INC-STOCK	S	VAR	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	DEVON ENERGY CORP-STOCK	P	VAR	$1,001 - $15,000
	DISNEY CO-STOCK	S	VAR	$15,001 - $50,000
	DOW CHEMICAL CO-STOCK	S	VAR	$100,001 - $250,000
	EASTMAN KODAK CO-STOCK	PS	VAR	$1,001 - $15,000
	EBAY INC-STOCK	PS	VAR	$1,001 - $15,000
	ECOLAB-STOCK	S	VAR	$15,001 - $50,000
	ELECTRONICS ARTS-STOCK	P	VAR	$1,001 - $15,000
	EMC CORP-STOCK	S	VAR	$1,001 - $15,000
	ENCANA CORP-STOCK	PS	VAR	$1,001 - $15,000
	EXXON MOBIL CORP-STOCK	S	VAR	$1,001 - $15,000
	FPL GROUP INC-STOCK	P	VAR	$15,001 - $50,000
	FORD MOTOR CO-STOCK	S	VAR	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	GENENTECH INC-STOCK	P	VAR	$1,001 - $15,000
	GENERAL DYNAMICS-STOCK	P	VAR	$1,001 - $15,000
	GENERAL ELECTRIC CO-STOCK	S	VAR	$15,001 - $50,000
	GOLDMAN SACHS-STOCK	P	VAR	$1,001 - $15,000
	GOOGLE INC CL-A-STOCK	P	VAR	$1,001 - $15,000
	HSBC HOLDINGS PLC-STOCK	S	VAR	$1,001 - $15,000
	THE HERSHEY COMPANY - STOCK	S	VAR	$15,001 - $50,000
	HOME DEPOT INC-STOCK	S	VAR	$15,001 - $50,000
	HOSPIRA INC-STOCK	S	VAR	$1,001 - $15,000
	IBM-STOCK	S	VAR	$15,001 - $50,000
	ILLINOIS TOOL WORKS-STOCK	S	VAR	$15,001 - $50,000
	INCO LTD-STOCK	PS	VAR	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	INTEL-STOCK	PS	VAR	$15,001 - $50,000
	INTUITIVE SURGICAL INC-STOCK	PS	VAR	$15,001 - $50,000
	JC PENNEY-STOCK	S	VAR	$1,001 - $15,000
	JOHNSON & JOHNSON-STOCK	S	VAR	$15,001 - $50,000
	KINECTIC CONCEPTS INC-STOCK	S	VAR	$1,001 - $15,000
	LEAR CORP-STOCK	S	VAR	$1,001 - $15,000
	LUBRIZOL CORP-STOCK	PS	VAR	$1,001 - $15,000
	MARATHON OIL CORP-STOCK	P	VAR	$1,001 - $15,000
	MCGRAW HILL-STOCK	S	VAR	$1,001 - $15,000
	MICROSOFT-STOCK	S	VAR	$1,001 - $15,000
	MURPHY OIL CO-STOCK	S	VAR	$1,001 - $15,000
	NESTLE SA ADR-STOCK	P	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	NIKE INC-STOCK	S	VAR	$1,001 - $15,000
	NUCOR INC-STOCK	PS	VAR	$1,001 - $15,000
	ORACLE CORP-STOCK	S	VAR	$1,001 - $15,000
	OSHKOSH TRUCK CORP-STOCK	S	VAR	$1,001 - $15,000
	PACCAR INC-STOCK	S	VAR	$1,001 - $15,000
	PFIZER INC-STOCK	PS	VAR	$15,001 - $50,000
	PROCTER & GAMBLE CO- STOCK	S	VAR	$15,001 - $50,000
	QUALCOMM INC-STOCK	S	VAR	$1,001 - $15,000
	REGIONS FINANCIAL-STOCK	PS	VAR	$1,001 - $15,000
	ROCKWELL AUTOMATION-STOCK	P	VAR	$1,001 - $15,000
	SANOFI-AVENTIS ADR-STOCK	P	VAR	$1,001 - $15,000
	SARA LEE CORP-STOCK	PS	VAR	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	SHERWIN WILLIAMS-STOCK	P	VAR	$1,001 - $15,000
	SNAP-ON INC-STOCK	S	VAR	$1,001 - $15,000
	SPRINT NEXTEL CORP-STOCK	S	VAR	$15,001 - $50,000
	ST JUDE MEDICAL-STOCK	P	VAR	$1,001 - $15,000
	STARBUCKS CORP-STOCK	S	VAR	$1,001 - $15,000
	STEEL DYNAMICS-STOCK	S	VAR	$15,001 - $50,000
	SYMANTEC CORP-STOCK	S	VAR	$1,001 - $15,000
	TARGET-STOCK	S	VAR	$1,001 - $15,000
	TIBCO SOFTWARE INC-STOCK	S	VAR	$1,001 - $15,000
	TORCHMARK CORP-STOCK	S	VAR	$1,001 - $15,000
	TOYOTA MOTOR ADR-STOCK	P	VAR	$1,001 - $15,000
	TRANSOCEAN INC-STOCK	P	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	US BANCORP-STOCK	P	VAR	$1,001 - $15,000
	UNITED TECHNOLOGIES-STOCK	S	VAR	$1,001 - $15,000
	VALERO ENERGY CORP-STOCK	P	VAR	$1,001 - $15,000
	VERIZON CORP-STOCK	S	VAR	$15,001 - $50,000
	WELLPOINT INC-STOCK	P	VAR	$1,001 - $15,000
	WILLIAMS--SONOMA INC-STOCK	S	VAR	$1,001 - $15,000
	YAHOO! INC-STOCK	P	VAR	$1,001 - $15,000
	YUM! BRANDS INC-STOCK	S	VAR	$15,001 - $50,000
	ZIMMER HOLDINGS INC-STOCK	S	VAR	$15,001 - $50,000
	3M CO-STOCK	S	VAR	$1,001 - $15,000
	CLARKSTON MI GO-BOND	S	05-01-05	$50,001 - $100,000
	ILLINOIS ST GO ULT SER A-BONDS	P	11-21-05	$100,001 - $250,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	MI ST NOTES SER B "05-BONDS	S	9-20-05	$50,001 - $100,000
	MICHIGAN ST GO-BONDS	PS	VAR	$1,000,001 - $5,000,000
	MICHIGAN ST TRUNKLINE A-BONDS	S	03-29-05	$15,001 - $50,000
	MICHIGAN ST GO UNLTD 9/06-BONDS	P	11-14-05	$250,001 - $500,000
	MICHIGAN HSG DEV-BONDS	S	08-15-05	$50,001 - $100,000
	MISSOURI ST GO REF BLDG A-BOND	P	11-28-05	$100,001 - $250,000
	OHIO ST GO ULT HI ED-BONDS	P	09-08-05	$15,001 - $50,000
	UTAH ST GO ULT 7-07-BONDS	P	11-30-05	$100,001 - $250,000
	WASHINGTON ST GO ULT-BONDS	S	07-01-05	$15,001 - $50,000
	VANKAMPEN MUNI OPPORT TR-BONDS	S	09-09-05	$1,001 - $15,000
	US TREASURY BILLS-BONDS	PS	VAR	$500,001 - $1,000,000
	IRA-GOLD SACHS CORP BD FD-ISHARES TR	PS	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA-LEHMAN 1-3 YR TREAS.-ISHARES TR	PS	VAR	$1,001 - $15,000
	IRA- MSCI EAFE INDEX FD-ISHARES TR	P	1-20-05	$1,001 - $15,000
	IRA- DOW JONES US CONS SECT INDEX FD-ISHARES TR	P	1-20-05	$1,001 - $15,000
	IRA- S & P MIDCAP 400 GROWTH IND-ISHARES TR	PS	VAR	$15,001 - $50,000
	IRA- US UTILS SECT-ISHARES TR	PS	VAR	$1,001 - $15,000
	IRA- S & P MID CAP 400 VALUE FD-ISHARES	PS	VAR	$15,001 - $50,000
	IRA-DOW JONES US TELECOMM. SECT-ISHARES TR	P	VAR	$1,001 - $15,000
	IRA- DOW JONES US HEALTHCARE SECT IND-ISHARES TR	P	VAR	$1,001 - $15,000
	IRA-DOW JONES US CONSUMER GOODS INDEX FD-ISHARES TR	P	VAR	$1,001 - $15,000
	IRA-SECTOR SPDR TR-CONSUMER STAPLES	P	VAR	$1,001 - $15,000
	IRA-SELECT SECT SPDR TR-SBI-CONSUMER DISCRET	P	VAR	$1,001 - $15,000
	IRA-SECTOR SPDR TR-ENERGY SBI	PS	VAR	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA-SECTOR SPDR TR-FINANCIAL -SBI	PS	VAR	$1,001 - $15,000
	IRA-SECTOR SPDR TR INDUSTRIAL-SBI	P	VAR	$1,001 - $15,000
	IRA-SECTOR SPDR TR-TECHNOLOGY-SBI	P	VAR	$1,001 - $15,000
	IRA-AMERN HIGH INCOME TR-SBI	S	01-13-05	$15,001 - $50,000
	IRA-BOND FD OF AMERICA INC	S	01-13-05	$15,001 - $50,000
	IRA-HEINZ COMPANY - STOCK	S	01-13-05	$1,001 - $15,000
	IRA-INTERM BD FD OF AMER-SBI	S	01-13-05	$15,001 - $50,000
	IRA-SELIGMAN COM ST FD-CL A	S	01-13-05	$15,001 - $50,000
	IRA-SELIGMAN CMMNCTNS & INFO FD-CL A	S	01-13-05	$15,001 - $50,000
	IRA-SELIGMAN GROWTH FD-CL A	S	01-13-05	$15,001 - $50,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 10 AM 9:27
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JOHN CAMPBELL
(Full Name)

610 Newport Center Dr., Suite 330, Newport Beach, CA 92660 (949)756-2240
(Mailing Address) (Daytime Telephone)

Filer Status [X] Member of the U.S. House of Representatives — State: California District: 48th — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Campbell	5/8/06

Name John Campbell	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
State of California, State Senate	Salary (Pre House of Representatives Employment)	$90,958

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Campbell

Page 1 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock						X							X																		P
	DC Simon & Schuster			indefinite																Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X									X							
SP	Goldman Sachs Growth Opportunities Class A						X							X									X									
JT																																
SP																																
DC	Wells Fargo Bank American Century						X									X								X								
SP	Heritage Fund - IRA				X									X									X									
JT																																
SP																																
DC	GMAC Demand Notes							X								X									X							
JT	Goldman Sachs Institutional																															
SP																																
DC	Assets Fed Portfolio			X												X								X								
DC	Baker Hughes			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Campbell

Page 2 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Commerce Bankshares			X										X								X									
DC	Goldman Sachs Capital Growth Class A Fund						X							X								X									
DC	Goldman Sachs Mid Cap Value Class A Fund						X							X								X									
DC	Goldman Sachs Small Cap Value Class A Fund						X							X								X									
DC	Ishares MSCI Japan Index Fund			X										X								X									
DC	Ishares MSCI United Kingdom Index Fund			X										X									X								
DC	Krispy Kreme Doughnuts Inc			X																	X										
DC	Calif. State Eagles II Bonds				X											X								X							
DC	Calif. State Public Works Lease Rev. Bonds			X												X							X								
DC	Columbia Cash Reserves Daily						X									X							X								
DC	New Haven Calif. Unified School District Bonds						X									X								X							
DC	Calif. State M-Raes				X											X							X								
JT	Goldman Sachs High Yield A Mutual Fund - IRA						X							X											X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Campbell

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Ishares MSCI Japan Index																															
JT	Fund A-IRA							X						X											X							
	ACD Holdings, LLC																															
JT	(real estate holding co.)																															
	owns: 1300 Auto Mall Dr.																															
	Santa Ana, CA									X					X														X			
	owns: 1330 Auto Mall Dr.																															
	Santa Ana, CA									X					X														X			
	owns: 1380 S. Auto Center																															
	Dr., Anaheim, CA									X					X														X			
	owns: 18801 Beach Blvd.																															
	Huntington Beach, CA									X					X														X			
	owns: 11528 Martens River																															
	Cir., Fountain Valley, CA									X					X														X			
	Above properties are valued at cost																															
	ACD Holdings, LLC																															
JT	Ownership Share-87%									X										LLC Income									X			
	Florence F. Campbell Trust																			Income												
	(1/3 beneficiary)																			Reinvested												
	See attached Schedule								X											in the Trust												
JT	UBS Swiss Financial Managed Accounts																															
	See attached Schedule																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Campbell

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Goldman Sachs Small Cap																														
JT	Value Class I-IRA						X							X												X					
	Goldman Sachs Mid-Cap																														
JT	Value Fund-IRA						X							X												X					
	Fresno Calif. Unified																														
JT	School District Bonds	X														X								X							S
JT	Calif. Ambac TCRS Bonds	X														X								X							S
	Chicago Illinois Public																														
JT	Building Bonds	X														X								X							S
	State of Calif. Economic																														
JT	Recovery Bonds	X														X								X							S
	San Diego Calif. CTFS																														
JT	Bonds	X														X								X							S
	Campbell/McNee Family																														
JT	Farm, LLC			X																Farm Income			X								
DC	ING Cash Account				X											X							X								
DC	Sanwa Bank			X												X							X								
SP	3848 Mentone Partners, LLC				X															LLC Distribution						X					
	Calif. Home Builder and Land Developer																														
	Olson Urban Housing, LLC																			LLC Distribution											
SP	Calif. Home Builder and Land Developer					X																						X			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Campbell

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
	John B.T. Campbell Trust "B" (1/3 beneficiary) See attached schedule									X										Income Reinvested in the Trust											

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Financial Disclosure Statement - John Campbell
SCHEDULE II - ASSETS AND "UNEARNED" INCOME
John B T Campbell Trust "B"
Reporting Period - 1/1/05 To 12/31/05

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
Bank of America CA Checking Acct			X																Not Applicable												
Bank of America CA Savings Account					X														Not Applicable												
Wells Fargo CA Savings Account					X														Not Applicable												
Exchange National Bank CA Savings Account			X																Not Applicable												
A G Edwards & Sons Inc Mutual Fund				X															Not Applicable												
Bear Stearns Mutual Fund				X															Not Applicable												
Fidelity Investments Mutual Fund						X													Not Applicable												
Goldman Sachs Various Common Stocks																			Income reinvested												
Mutual Funds									X										in the Trust												
Goldman Sachs Various Common Stocks																			Income reinvested												
Partnerships and Mutual Funds										X									in the Trust												
Scudder Investments Mutual Fund					X														Not Applicable												
The Vanguard Group Mutual Fund						X													Not Applicable												

Financial Disclosure Statement - John Campbell
SCHEDULE II - ASSETS AND "UNEARNED" INCOME
Florence F. Campbell Trust
Reporting Period - 1/1/05 To 12/31/05

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
Bank of America CA Checking Acct				X															Not Applicable												
A.G. Edwards & Sons, Inc. Mutual Fund					X														Not Applicable												
Evergreen Investments Mutual Fund					X														Not Applicable												
Bear Stearns Mutual Fund			X																Not Applicable												
Goldman Sachs Various Common Stocks, Partnerships and Mutual Funds									X										Income reinvested in the Trust												
Scudder Investments Mutual Fund				X															Not Applicable												
The Vanguard Group Mutual Fund					X														Not Applicable												
Norther Border Partners LP Partnership			X																Partnership Income reinvested in the Trust												

Financial Disclosure Statement - John Campbell
SCHEDULE II - ASSETS AND "UNEARNED" INCOME
UBS Swiss Financial Managed Accounts
Reporting Period - 1/1/05 To 12/31/05

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,0000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT ING Groep N.V. Stock			X																Not Applicable												
JT Royal Phungh Electronics NV Stock			X																Not Applicable												
JT Sanot Aventis Stock			X																Not Applicable												
JT Schneider Electric SA Stock			X																Not Applicable												
JT Total SA Stock			X																Not Applicable												
JT ENI SpA Stock			X																Not Applicable												
JT Banco Santander Central Hispano SA Stock			X																Not Applicable												
JT Telefonica SA Stock			X																Not Applicable												
JT Nokia Oyj Stock			X																Not Applicable												
JT iShares Inc /MSCI Switzerland Index Fund				X															Not Applicable												
JT iShares Inc /MSCI United Kingdom Index Fund				X															Not Applicable												
JT iShares Inc /MSCI Japan Index Fund				X															Not Applicable												
JT iShares Inc /MSCI EMU Index Fund				X															Not Applicable												
JT iShares Inc /MSCI Emerging Market Index Fund				X															Not Applicable												

Financial Disclosure Statement - John Campbell
SCHEDULE II - ASSETS AND "UNEARNED" INCOME
UBS Swiss Financial Managed Accounts
Reporting Period - 1/1/05 To 12/31/05

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	A None	B $1 -$1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT UBS Jersey Bonds				X											X						X										
JT Italy EMTN Bonds				X											X						X										
JT Landwirtschaftliche Rentenbank				X											X							X									
JT Europaische Investitions Bank EMTN				X											X							X									
JT Duetsche Bank AG EMTN			X												X						X										
JT UBS current account - CHF		X																	Not Applicable												
JT UBS current account - EUR		X																	Not Applicable												
JT UBS current account - USD			X																Not Applicable												
JT The Swatch Group AG Stock			X																Not Applicable												
JT Roche Holding AG Stock			X																Not Applicable												
JT Holcim Ltd. Stock			X																Not Applicable												
JT Nestle SA Stock					X														Not Applicable												
JT UBS AG Stock			X																Not Applicable												
JT Zurich Financial Services Stock			X																Not Applicable												
JT Allianz AG Stock			X																Not Applicable												
JT Duetsches Bank AG Stock			X																Not Applicable												
JT Bayer AG Stock			X																Not Applicable												
JT E ON AG Stock			X																Not Applicable												

Page 3 of 3

Financial Disclosure Statement - John Campbell
SCHEDULE A - ASSETS AND UNEARNED INCOME
UBS Group, LLC - Hedge Fund Analytics
Reporting Period - 11/1/05 To 12/31/05

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
JT Americo Fin Serv ON Corp Bonds	None A $1 - $1,000 B $1,001 - $15,000 C X $15,001 - $50,000 D $50,001 - $100,000 E $100,001 - $250,000 F $250,001 - $500,000 G $500,001 - $1,000,000 H $1,000,001 - $5,000,000 I $5,000,001 - $25,000,000 J $25,000,001 - $50,000,000 K Over $50,000,000 L	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED TRUST QUALIFIED BLIND TRUST Other Type of Income Not Applicable	None I $1 - $200 II $201 - $1,000 III $1,001 - $2,500 IV $2,501 - $5,000 V $5,001 - $15,000 VI $15,001 - $50,000 VII $50,001 - $100,000 VIII $100,001 - $1,000,000 IX $1,000,001 - $5,000,000 X Over $5,000,000 XI	

Name	John Campbell	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Council	Concordia University
Advisory Council	Laguna Canyon Foundation
Advisory Council	YMCA of Orange County

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2006 25-628 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 5:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

Christopher B. Cannon
(Full Name)

2436 Rayburn House Office Building Washington, DC 20515 — 202-225-7751
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: UT District: 03	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/15/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher B. Cannon

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Wells Fargo Bank Checking-Salt Lake City	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Zion's First National Bank Checking-Salt Lake City	$15,001 - $50,000	None	NONE	
JT	Salomon Smith Barney CMA-Salt Lake City	$1,001 - $15,000	INTEREST	$1 - $200	
	David Cannon Loan Rec-Salt Lake City	$100,001 - $250,000	INTEREST	NONE	
	Gary Ruse Loan Rec-Gordon, NE	$50,001 - $100,000	INTEREST	NONE	
	Cannon Industries, Inc. Loan Rec-Provo, UT	$1,000,001 - $5,000,000	INTEREST	$100,001 - $1,000,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher B. Cannon

	Advanced Resin Systems Stock-Des Plaines, IL	None	DIVIDENDS	$100,001 - $1,000,000	S
	Joe Cannon Loan Rec-Provo, Ut	$250,001 - $500,000	INTEREST	NONE	
	Automated Comm. Group/Brookline Salt Lake City, UT	$100,001 - $250,000	DIVIDENDS	NONE	
	Automated Comm. Group/Brookline (interest in shareholder litigation) Salt Lake City, Ut	indefinite	None	NONE	
JT	Zion's First National Bank Checking-Provo	$1,001 - $15,000	None	NONE	
	Terrace Falls Condo Salt Lake City, UT	$250,001 - $500,000	None	NONE	
	Farm/Heavy Equipment Mapleton, UT	$15,001 - $50,000	None	NONE	
	Sundance Lot Sundance, UT	$100,001 - $250,000	None	NONE	
	Cannon Industries, Inc. Stock-Provo, UT	$250,001 - $500,000	DIVIDENDS	NONE	

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SCHEDULE IV - TRANSACTIONS

Name Christopher B. Cannon

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Advanced Resins Systems Stock - Des Plaines, IL	S	8/15/05	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name Christopher B. Cannon

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	National City Mortgage Orem, Utah	Mortgage on Terrace Falls Condo, Salt Lake City, Utah	$100,001 - $250,000

05/15/2008 MON 16:20 FAX 007/008

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Christopher B. Cannon

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
University of California Berkeley	Feb. 25-28	Seatle WA--Morelia Mexico--Salt Lake City, UT	Y	Y	N	N/A
Center for the New West	April 3-4	Salt Lake City, UT--San Diego, CA--Wash., D.C.	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Christopher B. Cannon

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
National Advisory Board Member	CAMIE (Character and Morality in Entertainment)
Advisory Committee	Scouting Legal Defense Fund
Advisory Board Member	Friends of Lake Powell, Inc.
Council Member	United States Holocaust Memorial Council
Executive Baord Member	Utah National Parks Council - Boy Scouts of America
Board of Trustees	Center for the New West
Board of Trustees	Economic Development Corporation of Utah
Board of Advisors	Maliheh Free Clinic

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Eric Ivan Cantor
(Full Name)

6004 Oxbury Court Glen Allen, VA 23059
(Mailing Address)

202-225-2815
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: VA District: 7	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eric Cantor	5/3/06

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SCHEDULE I - EARNED INCOME

Name Eric Ivan Cantor

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Virginia College Savings Plan	Spouse Salary	N/A
Media General, Inc.	Spouse Director's Fee	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Air France KLM Sponsored ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Alltel Corporation stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (partial)
	Altria Group Inc	$15,001 - $50,000	DIVIDENDS	NONE	P
	American Balanced Fund (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	Amgen Inc stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Apartment Invt & Mgmt Co Pref 8%	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	API Frontier Growth Fund (formerly API Treasuries Trust)	$1,001 - $15,000	None	NONE	E
	API Frontier Income Fund (formerly API Treasuries Trust)	$1,001 - $15,000	None	NONE	E
	API Trust Growth Fund	$1,001 - $15,000	DIVIDENDS	NONE	
	Archer Daniels Midland Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Ashland Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Bank of America bank accounts	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	BB&T bank accounts	$1,001 - $15,000	INTEREST	$1 - $200	
	Boeing Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (partial)
	Bond Fund of America (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	Cameco Corporation stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Cantor & Cantor Note Receivable, Richmond, VA/Law Firm	$50,001 - $100,000	INTEREST	NONE	
	Capital Income Builder Fund (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	CBTCS for CIT 7.75% Pref stock	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	CBTCS Ser 2002-8 for Bell South 7% Pref Stock	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	CBTS Ser 2002-1 for Ber 8.125% due 12/15/2045 Pref stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Centerpoint Energy Inc stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Cepheid Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Cerus Corporation stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Chubb Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CIT Group Inc. Pfd A stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Citizens Communications Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Clay County FL Housing Finance Authority Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	S (partial)
	CLM Acceptance Co. stock, Richmond, VA/Account Factoring	$1,001 - $15,000	Sub S Income	$1 - $200	
	CLM Capital Co. stock, Richmond, VA/Account Factoring	$100,001 - $250,000	Sub S Income	$50,001 - $100,000	
	CLM Financial Co. Stock, Richmond, VA/Account Factoring	$1 - $1,000	Sub S Income	$1 - $200	
	Colonial High Income Mun Tr Sh Ben Int Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

	Comcast Corporation New Class A stock	None	DIVIDENDS	NONE	S
	Congregation Or Atid Bond	None	INTEREST	NONE	S
	Consolidated Edison Inc stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Consumers Energy Company Financing III Pref Stock	None	INTEREST	$201 - $1,000	S
	Corporate Backed Tr Ctfs Ser 01-35 8% Corning Pfd Stk	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Corporate Backed Trust Ctfs 03-10 7% due 11/15/2023 Pref stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Dade County FL Aviation Revenue Bond	None	INTEREST	$1,001 - $2,500	S
	Directv Group Incorporated Stock	None	DIVIDENDS	NONE	S
	Discovery Holding Company stock (formerly Liberty Media Company)	$1,001 - $15,000	DIVIDENDS	NONE	E
	Disney Walt Comp Common Stk	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Dominion Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Domino's Pizza Inc. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Domino's Pizza Inc. Stock Options	$15,001 - $50,000	None	NONE	P

	Dreyfus Premier Florida Municipal Bond Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	DuPont E.I. De Nemours & Co. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Ecology & Environment Inc Class A stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Encore Med Corporation stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Federal National Mortgage Association Series 93-021 Class KA	$1,001 - $15,000	Other: Principal Payment	$201 - $1,000	
	First Eagle Global Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	
	Flaherty & Crmn/Clymr Pref Sec Com Shs Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	FPL Group Capital Trust I 5.875% Cum Tr Pfd Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Franklin Federal Tax Free Income Fund Class A M/F	$1,001 - $15,000	DIVIDENDS	$2,501 - $5,000	
	Franklin Florida Tax Free Income Fund Class A M/F	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	FTI Consulting Inc stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Gamco Investors Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	General Motors Corporation stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Genesis Asset Managers Emerging Mkts Equity SMA (formerly Capital Guardian Emerging Markets Equity Fund)	$1,001 - $15,000	None	NONE	E
	Georgia Power Capital Tr VII 5.875% Pfd stock	$1,001 - $15,000	INTEREST	$1 - $200	
	GlaxoSmithKline PLC Sponsored ADR (United Kingdom)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Goldman Sachs Core Fixed Income Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs CORE Small Cap Equity Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs CORE U.S. Equity Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs Dwight Asset Mgt Stable Value SMA (formerly Goldman Sachs Stable Value Fund)	$1,001 - $15,000	None	NONE	
	Goldman Sachs Financial Square Money Market Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs Group Inc stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Goldman Sachs High Yield Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs Large Cap Value Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs Mid Cap Value Fund	$15,001 - $50,000	None	NONE	

	Goldman Sachs Real Estate Securities Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs Short Duration Gov't Fund	$1,001 - $15,000	None	NONE	
	Growth Fund of America (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	Head N V NY Reg Sh (Netherlands)	$1,001 - $15,000	DIVIDENDS	NONE	P
	Heinz HJ Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Heritage Cash Trust Money Market Account	$50,001 - $100,000	INTEREST	$201 - $1,000	
	IDT Corporation Class B stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Inco Limited Stock (Canada)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Indian Trail Groves, L.P.	None	INTEREST	NONE	S
	Intel Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Investment Company of America fund (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	Jefferson Pilot Corporation stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	John Hancock Preferred Income Fund Sh Ben Int	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P (partial)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Kanawha County WV Residential Mortgage Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Liberty Global Inc Com Ser A stock (formerly Liberty Media International inc)	$1,001 - $15,000	DIVIDENDS	NONE	E
	Liberty Global Inc Com Ser C stock (formerly Liberty Media International Inc)	$1,001 - $15,000	DIVIDENDS	NONE	E
	Liberty Media Corp New Com Ser A stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Liberty Media International Inc Com Ser A stock	None	DIVIDENDS	NONE	E
	Lord Abbott Global Income Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	Markel Corporation stock	$50,001 - $100,000	DIVIDENDS	NONE	
	Medarex Inc. Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Media General Inc Class A stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Media General Inc Deferred Comp stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Merck & Company Inc stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Metromedia International Group Inc Prf Conv stock	$1,001 - $15,000	INTEREST	NONE	
	MFS Charter Income Tr Sh Ben Int Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Morgan Stanley Capital Trust III Pref stock	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
	Morgan Stanley Emer Mkts Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	New Perspective Fund (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	Newcastle Invt Corp stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Newmont Mining Corporation stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	News Corporation Class A stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	News Corporation Class B stock	None	DIVIDENDS	$1 - $200	S
	North Fork Bancorporation NY stock	None	DIVIDENDS	$1 - $200	S
	Nuveen Quality Pref Inc Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Omega Advisors, Inc. Multi-Market Hedge Fund	$1,001 - $15,000	None	NONE	
	Orange County FL Health Facilities Auth Rev, Hosp Rev Bonds, Mand Sink Fund begins 11/01/2015	None	INTEREST	$201 - $1,000	S
	Orange County FL Health Facilities Authority Revenue Bond, mand sink fund begins 11/15/2021	$50,001 - $100,000	INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Pennsylvania RL Est Invt Tr REIT	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Pequot Capital Management Inc. US Equity Hedge Fund	$1,001 - $15,000	None	NONE	
	PFD Plus Trust First Amern Financl 7.55% due 4/1/2028 Pref stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Pfizer Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Philadelphia PA Authority for Industrial Development Airport Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Phoenix Multi-Sector Fixed Income Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	PIMCO Global Bond Fund II	$1,001 - $15,000	None	NONE	
	Plum Creek Timber Company Inc REIT	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	PPLUS 7.65% for El Paso Corp Pref Plus Trust Pref Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Preferredplus Trust UPC-1 7.4% Pfd stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Public Storage 6.25% Series Z Cum Pfd Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Qualcomm Inc. Stock	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
	Raymond James & Assocs Cash Account	$1,001 - $15,000	INTEREST	$1 - $200	
	Reliant Energy Inc stock	$15,001 - $50,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	RenaissanceRE Hldr Ltd 6.08% Perpetual Pfd Series C stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Richmond Resources, Ltd. Note Receivable, Richmond, VA/Real Estate Development	$100,001 - $250,000	INTEREST	NONE	
	Rio Tinto PLC Sponsored ADR (United Kingdom) stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Rite Aid Corporation Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Royal Bank of Scotland PLC 6.4% Non cum perpet pref Ser M Amer Dep Shrs stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Royal Bank of Scotland PLC Ser J Non Cum Pref Stk (UK)	None	DIVIDENDS	$1,001 - $2,500	S
	Royal Dutch Petroleum Company NY stock	None	DIVIDENDS	$201 - $1,000	E
	Royal Dutch Shell PLC Spons ADR A (Netherlands) stock (formerly Royal Dutch Petroleum Company NY Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	E
	Russell 1000 Growth Index Fund (VRS)	$1,001 - $15,000	None	NONE	
	Russell 1000 Value Index Fund (VRS)	$1,001 - $15,000	None	NONE	
	Salomon Bros High Inc Fund II	None	DIVIDENDS	$1 - $200	S
	San Juan Basin Rty Tr Unit Ben Int	$1,001 - $15,000	Royalty Distribution	$201 - $1,000	
	Sara Lee Corporation Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

Schlumberger Limited stock (Netherlands Antilles)	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
Sirius Satellite Radio Inc Stock	$1,001 - $15,000	DIVIDENDS	NONE	
SLM Corporation stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SSgA S&P 500 Index Fund	$1,001 - $15,000	None	NONE	
St Joe Company stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Suntrust Banks Inc stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
T. Rowe Price International SMA (formerly T. Rowe Price Foreign Equity Fund)	$1,001 - $15,000	None	NONE	
Target Corporation stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Targets Tr XXII Trgt Gwth Term Pfd stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
TCW Asset Management SMA	$1,001 - $15,000	None	NONE	
TCW Cowen Asset Management Small Cap Equity SMA	$15,001 - $50,000	None	NONE	
Telephone & Data Systems Inc NT Ser A 7.6% Pfd Stk	$1,001 - $15,000	INTEREST	$201 - $1,000	
Telephone & Data Systems Inc SPL Com stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	Other
Telephone & Data Systems Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

	Texas Genco Hldgs Inc stock	None	DIVIDENDS	NONE	S
	Transocean Inc Ord (Cayman Islands) stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Tredegar Corporation Stock	None	DIVIDENDS	$1 - $200	S
	Trust CTFS 2001-1 AT&T TRUCS 7.45% Pref Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Trust CTFS Ser 2001-27 Royal Carib CBTCS 8 7/8% Pref stock	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	TrustMor Mortgage Co. Stock, Richmond, VA/Mortgage Banking	$50,001 - $100,000	Sub S Income	$15,001 - $50,000	
	United Dominion Realty Tr Inc REIT	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Unum Provident 7.25% Pines due 6/15/2032	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Van Kampen Municipal Income Fund Class A M/F	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Verizon Communications Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (partial)
	Viacom Inc Class A stock	None	DIVIDENDS	$1 - $200	S
	Virginia College Savings Plan 529 CollegeAmerica accounts	None	None	NONE	E
	Virginia College Savings Plan 529 VEST accounts	$1,001 - $15,000	None	NONE	
	Virginia College Savings Plan 529 VPEP accounts	$15,001 - $50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Virginia Credit Union accounts	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Virginia Retirement System Active Bond Fund	$1,001 - $15,000	None	NONE	
	Virginia Retirement System Defined Benefit Plan	$50,001 - $100,000	None	NONE	
	Virginia Retirement System Income & Growth Fund	$15,001 - $50,000	None	NONE	
	Virginia Retirement System S&P 500 Index Fund	$1,001 - $15,000	None	NONE	
	Virginia Retirement System Small/Mid Cap Equity Index Fund	$1,001 - $15,000	None	NONE	
	Virginia Retirement System Stable Value Fund	$1,001 - $15,000	None	NONE	
	Vornado Realty Trust Pref Ser G 6.625%	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Wachovia Corp 2nd New stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Washington Mutual Investors Fund (formerly VCSP CollegeAmerica 529 accounts)	$1,001 - $15,000	None	NONE	E
	Water Tower Associates, LLC stock, Richmond, VA/Real Estate Development	$500,001 - $1,000,000	Partnership Income	$15,001 - $50,000	
	Webex Communications Inc stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Western Asset Management Company Core Bond Plus Fund	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Weyerhauser Company Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Williams Companies Inc Del stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Xerox Corp stock	None	DIVIDENDS	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Air France KLM Sponsored ADR	P	2-24-05	$1,001 - $15,000
	Altria Group Inc	P	11-07-05	$15,001 - $50,000
	API Frontier Growth Fund (formerly API Treasuries Trust)	E	4-1-05	$1,001 - $15,000
	API Frontier Income Fund (formerly API Treasuries Trust)	E	4-1-05	$1,001 - $15,000
	Genesis Asset Managers fund (formerly Capital Guardian Emerging Markets Equity Fund)	E	3-1-05	$1,001 - $15,000
	Cameco Corporation stock	P	11-16-05	$1,001 - $15,000
	Cerus Corporation stock	P	7-26-05	$1,001 - $15,000
	CIT Group Inc. Pfd A stock	P	7-26-05	$1,001 - $15,000
	Clay County FL Housing Finance Authority Revenue Bond	S (pa	4-1-05 10-3-05	$1,001 - $15,000
	Comcast Corporation New Class A stock	S	10-7-05	$1,001 - $15,000
	Consumers Energy Company Financing III Pref Stock	S	1-24-05	$15,001 - $50,000
	Dade County FL Aviation Revenue Bond	S	10-3-05 12-5-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Alltel Corporation stock	S (p)	10-11-05	$1,001 - $15,000
	Boeing Company stock	S (p)	7-27-05	$1,001 - $15,000
	Directv Group Incorporated Stock	S	10-7-05	$1,001 - $15,000
	Discovery Holding Company stock (formerly Liberty Media Company)	E	7-21-05	$1,001 - $15,000
	Domino's Pizza Inc. Stock	P	10-12-05	$1,001 - $15,000
	Domino's Pizza Inc. Stock Options	P	10-19-05	$15,001 - $50,000
	American Balanced Fund (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000
	Bond Fund of America (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000
	Capital Income Builder Fund (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000
	Growth Fund of America (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000
	New Perspective Fund (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000
	Washington Mutual Investors Fund (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Investment Company of America fund (formerly VCSP CollegeAmerica 529 accounts)	E	12-31-05	$1,001 - $15,000
	Virginia College Savings Plan CollegeAmerica 529 accounts (individual funds now listed)	E	12-31-05	$50,001 - $100,000
	Ecology & Environment Inc Class A stock	P	10-7-05	$1,001 - $15,000
	Encore Med Corporation stock	P	3-24-05	$1,001 - $15,000
	FTI Consulting Inc stock	P	11-7-05	$1,001 - $15,000
	Gamco Investors Inc stock	P	4-19-05	$1,001 - $15,000
	John Hancock Preferred Income Fund Sh Ben Int	P (p)	1-31-05	$15,001 - $50,000
	Head N V NY Reg Sh (Netherlands)	P	1-11-05	$1,001 - $15,000
	Indian Trail Groves, L.P.	S	11-20-05	$50,001 - $100,000
	Liberty Global Inc Com Ser A stock (formerly Liberty Media International)	E	6-17-05	$1,001 - $15,000
	Liberty Global Inc Com Ser C stock (formerly Liberty Media International Inc)	E	6-17-05	$1,001 - $15,000
	Liberty Media International Inc Com Ser A stock	E	6-17-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Media General Inc Deferred Comp stock	P	6-30-05 9-30-05 12-31-05	$15,001 - $50,000
	Media General Inc Class A stock	P	3-1-05	$1,001 - $15,000
	Merck & Company Inc stock	P	3-24-05	$15,001 - $50,000
	Newcastle Invt Corp stock	P	4-19-05	$1,001 - $15,000
	News Corporation Class B stock	S	11-7-05	$1,001 - $15,000
	North Fork Bancorporation NY stock	S	11-7-05	$1,001 - $15,000
	Orange County FL Health Facilities Auth Rev, Hosp Rev Bonds, Mand Sink Fund begins 11/01/2015	S	6-30-05	$1,001 - $15,000
	Royal Bank of Scotland PLC Ser J Non Cum Pref Stk (UK)	S	11-28-05	$15,001 - $50,000
	Royal Dutch Shell PLC Spons ADR A (Netherlands) stock (formerly Royal Dutch Petroleum Company NY stock)	E	7-21-05	$15,001 - $50,000
	Salomon Bros High Inc Fund II	S	2-24-05	$1,001 - $15,000
	Sara Lee Corporation Stock	P	8-22-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	St Joe Company stock	P	10-11-05	$1,001 - $15,000
	Telephone & Data Systems Inc SPL Com stock (stock dividend from Telephone & Data Systems, Inc)	Other	5-13-05	$1,001 - $15,000
	Texas Genco Hldgs Inc stock	S	2-7-05	$1,001 - $15,000
	Tredegar Corporation Stock	S	11-7-05	$1,001 - $15,000
	Verizon Communications Common Stock	S (p)	11-16-05	$1,001 - $15,000
	Viacom Inc Class A stock	S	11-7-05	$1,001 - $15,000
	Vornado Realty Trust Pref Ser G 6.625%	P	1-31-05	$15,001 - $50,000
	Webex Communications Inc stock	P	11-7-05	$1,001 - $15,000
	Xerox Corp stock	S	10-12-05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eric Ivan Cantor

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independant of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Bankers Association	Feb. 11	Richmond--Naples, FL--Richmond	N	N	N	N/A
American Israel Education Foundation	Aug. 18-25	Wash., D.C.--Israel--Wash., D.C.	Y	Y	N	N/A
Congressional Institute	Nov. 30-Dec. 2	Richmond--St. Michaels, MD--Richmond	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Eric Ivan Cantor

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Virginia Holocaust Museum
Director (unpaid)	CLM Capital Inc.

FOOTNOTES

Name Eric Ivan Cantor

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	2004 value less than $1000	Ashland Inc stock
2	Schedule III	Bond redemption was less than $1000 and there was no value as of year end and no income for the year	Congregation Or Atid Bond
3	Schedule III	Underlying funds in CollegeAmerica accounts are now listed	VCSP CollegeAmerica 529 accounts
4	Schedule III	Reached reporting threshold in 2005	Goldman Sachs Financial Square Money Market Fund
5	Schedule III	Value is below threshold and no income	Granite Broadcasting Corporation Stock
6	Schedule III	No value	Magic Lantern Group Inc NY stock
7	Schedule III	Total account balances exceeded threshold at 12/31/05	Raymond James & Assocs Cash Account
8	Schedule III	Name changed from Phoenix Goodwin Multi-Sector Fixed Income Fund Class A M/F	Phoenix Multi-Sector Fixed Income Fund Class A M/F
9	Schedule III	Interest/Dividend categories under Income were changed to "None" as the increase in asset values in these type of Plans is not a reporting requirement	Retirement Plans and 529 Plans

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

Shelley Moore Capito
(Full Name)

2 Comstock Place Charleston, WV 25314
(Mailing Address)

202-225-2711
Daytime Telephone:

Filer Status	✓ Member of the U.S. House of Representatives	State: WV District: 02	Officer Or Employee	Employing Office:
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ✓ No	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes No ✓
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes No ✓	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes No ✓
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ✓ No	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ✓ No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ✓ No	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes No ✓
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ✓ No		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Shelley Moore Capito	5/11/2006

SCHEDULE I - EARNED INCOME

Name Shelley Moore Capito

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Smith Barney	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if re-invested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	401(k) Citi Institutional Liquid Reserves	$15,001 - $50,000	DIVIDENDS	N/A	P
SP	401(k) S&P 500 Index Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	P
SP	401(k) Smith Barney Fundamental Value	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	N/A	P
SP	401(k) Smith Barney Large Cap Growth	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	N/A	P
SP	401(k)-Citicorp Stock Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	401(k)-Smith Barney Aggressive Growth Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	401(k)-Smith Barney Large Cap Value Fund	None	DIVIDENDS/CAPITAL GAINS	N/A	S
SP	401(k)-Templeton Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	S
SP	Alliance Petroleum	$1,001 - $15,000	ROYALTIES	$201 - $1,000	
	BB&T Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Bristol Myers Squibb Co.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	BT Group plc	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Charleston WV Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
DC	Chevron	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Cisco Systems	$1,001 - $15,000	DIVIDENDS	NONE	
	Cisco Systems	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Citigroup Employee Fund of Funds, L.P.	$15,001 - $50,000	DIV/INT/CAPITAL GAINS	$2,501 - $5,000	
DC	Citigroup Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Citigroup Inc.	$1,000,001 - $5,000,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	
	Citigroup Inc.	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	Citigroup Nonqual Options	$15,001 - $50,000	N/A	NONE	E
SP	Coca-Cola Co.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Duke Energy	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Edgewood Country Club	$1,001 - $15,000	N/A	NONE	
DC	Europacific Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Exxon Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	General Electric Co.	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
SP	General Motors Corp.	None	DIVIDENDS	$201 - $1,000	S
JT	Huntington Bancshares Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Huntington Bancshares Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	IBM Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Income Fund of America	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Intel Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Investment Co Of America	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

DC	Investment Co. Of America	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	IRA-Amgen Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
SP	IRA-Coca Cola Co	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-JPMorgan Chase	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-Middleburg Fin. Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Pfizer Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Procter & Gamble (formerly Gillette)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-Smith Barney Large Cap Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	IRA-Smith Barney Money Fund Retirement Portfolio	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Time-Warner	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	IRA-Tyco Intl.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-United Parcel Service Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	JPMorgan Chase	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Merck	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	Microsoft	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Middleburg Fin. Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	New Perspective Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Norfolk Southern Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Plug Power	$1,001 - $15,000	DIVIDENDS	NONE	P
SP	Proctor & Gamble Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	R-H Capital Partners, L.P.	$1,001 - $15,000	INTEREST/CAPITAL GAINS	$1,001 - $2,500	
JT	Residence, Lexington, VA	$100,001 - $250,000	RENT	$1,001 - $2,500	see footnote
SP	Royal Dutch Petroleum Co.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Smith Barney Money Funds	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Smith Barney Money Funds	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Smith Barney Pension	$100,001 - $250,000	DIVIDENDS/INTEREST	N/A	
SP	SSB Capital Partners I, L.P.	$15,001 - $50,000	INTEREST/CAPITAL GAINS	$2,501 - $5,000	P
	St. Paul Travelers	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	St. Paul Travelers	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
SP	Time-Warner	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Tri-Star Resources	None	DIVIDENDS	NONE	
SP	TRV Employees Fund, L.P.	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$2,501 - $5,000	
	Verizon Communications Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Vista Resources	$1,001 - $15,000	ROYALTIES	$1,001 - $2,500	
	Walt Disney Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WV General Obligation State Road Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	WV Public Employees Retirement System	$1,001 - $15,000	INTEREST	N/A	
SP	WV State Infrastructure General Obligation Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	WV Water Development Authority Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	WV Water Development Authority Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	BT Group plc	P	10-20-05	$1,001 - $15,000
SP	Plug Power	P	05-24-05	$1,001 - $15,000
SP	401(k) Smith Barney Fundamental Value	P	12-20-05	$50,001 - $100,000
SP	401(k) S&P 500 Index Fund	P	12-20-05	$100,001 - $250,000
SP	401(k) Smith Barney Large Cap Growth	P	11-14-05	$15,001 - $50,000
SP	401(k) Citi Institutional Liquid Reserves	P	05-17-05	$15,001 - $50,000
SP	401(k) Templeton Fund	S	05-17-05	$1,001 - $15,000
SP	401(k) SB Large Cap Value Fund	S	05-17-05 11-14-05 12-20-05	$250,001 - $500,000
SP	General Motors	S	10-20-05	$1,001 - $15,000
SP	Investment Co of America	S	06-28-05	$1,001 - $15,000
SP	Coca Cola	P	02-16-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Citigroup	S	03-22-05	$15,001 - $50,000
SP	Citigroup Nonqualified Options (exercise)	E	02-07-05	$1,001 - $15,000
SP	SSB Capital Partners	P	03-28-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Shelley Moore Capito

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Smith Barney	Margin Loan	$250,001 - $500,000
JT	CitiMortgage	Home loan	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Shelley Moore Capito

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
National Advisory Board Member	University of Charleston

FOOTNOTES

Name Shelley Moore Capito

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	One child listed as a dependent child last year is no longer a dependent child. The following assets listed on last year's form (labeled DC) have been removed: BB&T Corp, Citigroup, Home Depot, Intel and Washington Mutual Fund. The remaining assets labeled "DC" belong to one remaining dependent child.	Several assets deleted.
2	Schedule III	Although not held for investment or the production of income, a personal residence was added to Schedule III because more than $200 of rental income was generated during the reporting period. The related debt on the home has been added to Schedule V.	Residence, Lexington, VA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY -9 PM 3:03
OFFICE OF THE C. ERK
U.S. HOUSE OF REPRESENTATIVES

Lois G. Capps
(Full Name)

1216 State Street, Suite 403
(Mailing Address)

Santa Barbara, CA 93101 — Daytime Telephone: 805-730-1710

Filer Status	[x] Member of the U.S. House of Representatives	State: California District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lois G. Capps	5/9/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Publishing House of Elca	Royalties	471
	Taylor and Francis Group, LLC	Royalties	96
	Harper Collins	Royalties	151

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	XI	Block E: Transaction
SP, DC, JT	*Examples* SP: Mega Corp. Stock						X								X										X									P
	Examples DC, JT: Simon & Schuster			indefinite																	Royalties									X				
	Examples JT: 1st Bank of Paducah, KY accounts							X									X										X							
	Lois G. Capps IRA Custodian Accts: See Below																																	
	Amgen			x																		x												
	Centurytel			x											x								x											
	Church & Dwight			x											x								x											
	Hewlett Packard			x											x								x											
	Lowes			x											x								x											
	Maytag			x											x								x											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

•Continuation Sheet (if needed)

Name Lois G. Capps

Page 4 of 8

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E.
	Medtronic			x										x								x										
	Nokia			x										x								x										
	Pitney Bowes			x										x								x										
	Standard Register			x										x								x										
	Sun Microsystems			x																	x											
	Target			x										x								x										
	US Bancorp			x										x								x										
	Washington Mutual			x										x								x										
	Xerox			x																	x											
	Lois G. Capps-Non IRA	Accounts																														
	Tax Exempt Fund of CA			x										x									x									
	Capital World Growth				x									x										x								
	Dodge & Cox Bln Fund				x									x									x									
	Eaton Vance Tax Mng				x									x									x									
	Gateway Fund				x									x									x									
	T Rowe Price Small Ca			x																	x											
	Van Kampen Eq & In				x									x									x									
	Midstate Bank			x												x						x										
	ING Direct		x													x						x										
	Midstate Bancorp				x									x										x								
	Metlife				x									x								x										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lois G. Capps

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Congressional Credit			X												X						X										
	Chartermac P'ship			X										X		X						X										
	Studio apartment									X																X						

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SCHEDULE IV — TRANSACTIONS

Name Lois G. Capps

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Standard Register	x			07-14-05	x									
	B & D Money Market		x		04-25-05	x									
	Gateway Fund	x			04-25-05		x								
	Capital World Growth		x		04-25-05	x									
	T Rowe Price Small Cap		x		04-25-05	x									
	Chartermac Partnership	x			01-07-05	x									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Santa Barbara Bank & Trust	Mortgage on 1724 Santa Barbara St., Santa Barbara, CA 93101							x			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name Lois G. Capps | Page 8 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	National Democratic Instit	Jan 4-11	Wash DC-Israel and Palestine-Wash DC	y	y	n	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

10 LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 12: 26
HC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Michael Everett Capuano
(Full Name)

172 Central St.
Somerville, MA. 02145
(Mailing Address)

1-202-225-5111 or
1-617-621-6208
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Massachusetts District: 8th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael E. Capuano	5-10-06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Brown + Brown, LLP Boston, MA.	Spouse Salary	N/A
	CT+M, LLC Somerville, MA.	Spouse Salary	N/A
	YNZ, LLC Somerville, MA.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	NOT APPLICABLE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael E. Capuano | Page 3 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. *For an active business that is not publicly traded*, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), *in the optional column on the far left.*

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method *other than fair market value*, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for *income. For all other assets, indicate* the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify; For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, *Examples:*	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	172 Central St, Somerville, MA								X						X					Res. rented 27% rental					X							
JT	Hidden Valley Tuftonboro, NH						X								X					Res. rented sporadically	Ad hence					X						
JT	East Cambs Sav Bk, Som. MA.			X												X				Money Mkt		X										
JT	Som Fed C.U. Som, MA.			X												X				SAVINGS ACCT.			X									
	Congressional Fed C.U. Wash DC		X													X				Chkg + Sav.		X										
JT	Winter Hill Bank, Som MA.				X											X				Cert of Dep.			X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael E. Capuano

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transactio P, S, E
	SBLI - Team Life							X						X						Term Life		X										
SP	CT + M, LLC Som, MA.					X										X				Int + Div					X							
DC	Winter Hill Bk, Som MA.			X												X				Cert of Dep		X										
DC	Northwest Mutual Life			X																Life Ins.												
DC	Fid Inv - Fidelity Low Priced Stk Fd.			X																Roth IRA												
	Nationwide - Am Century Ultra Fd			X																Def Comp												
	Nationwide - Putnam Voyager Fd			X																Def Comp												
	Nationwide - Templeton For. Fund			X																Def Comp												
	Nationwide - Fidelity Contra Fd.			X																Def Comp												
SP	Nesteggs - Windsor Appreciation Fd				X															401 K												
SP	Nesteggs - Fid Cash Reserves			X																401 K												
SP	Fid Inv - Fid Short Term Bd Fd			X																Trad IRA												
SP	Fid Inv - Ariel Apprec. Fd.			X																IRA												
SP	Fid Inv - Ariel Fd.			X																IRA												
SP	Fid Inv - Family Value			X																IRA												
SP	Fid Inv - Fid Cash Res.			X																IRA												
SP	Fid Inv. Fid Contra Fd			X																IRA												
SP	Fid Inv - Fid Export + Multinat Fd			X																IRA												
SP	Fid Inv - Fid Int'l Discov Fd			X																IRA												
SP	Fid Inv - Fid Mtg Sec. Fd.			X																IRA												
SP	Fid Inv. Fid Select Net Gain			X																IRA												
SP	Fid Inv - FPA Crescent Inst Fd			X																IRA												

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Schedule III - Assets & Unearned Income

Continuation Sheet (if needed)

Michael E. Capuano 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Fid Inv - Oakmark Fd			X																IRA												
SP	Fid Inv - Royce Total Ret Fd			X																IRA												
SP	Fid Inv - T Rowe Price Cap App			X																IRA												
SP	Fid Inv - Vanguard Gr + Inc			X																IRA												
DC	East Camb. Sav. Bk. Scholar	X														X				Ckg Acct.		X										

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SCHEDULE IV — TRANSACTIONS

Name Michael E. Capuano

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,001	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	NONE														

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Name Michael E. Capuano | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	BANK of America Gotville, NY.	Mtg on Tuftonboro NH Prop		X								
JT	Winter Hill Bank Som MA.	Mtg on Central St, Som MA				X						
JT	Century Bank, Medford, MA	Home Equity - Central St Prop		X								
SP	Winter Hill Bank, Som MA.	Mtg on CT+M % Liable Joint+ Sev.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
	NONE	

Name Michael E. CAPUANO Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 8–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Jewish Community Relations Council	JAN 9-18	Boston → Israel & Palestinian Authority → Boston	Y	Y	Y	NONE
	Congressional Economic leadership Institute	Nov 27-Dec 3	Boston → Brazil → Boston	Y	Y	Y	NONE

Name	Michael E. Capuano	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2006 25-629 (rev)

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 AM 10: 45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

Benjamin L. Cardin
(Full Name)

9 Whitebridge Court Baltimore, MD 21208
(Mailing Address)

202-225-4016
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: MD, District: 3	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $348 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Benjamin L. Cardin	May 11, 2006

SCHEDULE I - EARNED INCOME

Name Benjamin L. Cardin

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Maryland	Legislative Pension	$4,736

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Smith, Barney Account including following Assets:	below	below	below	
JT	1. Olin Corporation Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	2. Time Warner New Common Stock (including shares in joint account at Wachovia Financial)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	3. The News Corporation Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	4. Comcast Corp. Class A Common Stock	None	CAPITAL GAINS	$1,001 - $2,500	S
JT	5. United Bankshares, Inc. Common Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

JT	6. Northeast Utilities Common Stock	None	DIVIDENDS	$1 - $200	S
	same	same	CAPITAL GAINS	$2,501 - $5,000	
JT	7. A.T. & T. Common Stock	None	DIVIDENDS	$1 - $200	S
JT	8. Lucent Technologies Common Stock	None	None	NONE	S
JT	9. Union Pacific Common Stock	None	DIVIDENDS	$1 - $200	S
	same	same	CAPITAL GAINS	$1,001 - $2,500	
JT	10. Arch Chemical Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	11. Gillette Co. Common Stock	None	DIVIDENDS	$1 - $200	S
JT	12. Amerigas Partners, LP	None	None	NONE	S
JT	13. NCR Common Stock	$1,001 - $15,000	None	NONE	
JT	14. Smith Barney Citigroup Managed Fund	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	P
JT	15. Cash Management Account	$50,001 - $100,000	INTEREST	$201 - $1,000	
	same	same	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

JT	Wachovia Financial account (Account transferred from Morgan Stanley 1/24/05) including following Assets:	below	below	below	
JT	1. Global Dividend Growth Fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
JT	2. Columbia Utility Fund A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	3. Putnam Global Growth Fund A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	4. AIM U.I. Demographic Trend Fund (name changed from AIM Value Fund A - 7/1/05)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	5. Constellation Energy Common Stock (stock sold 3/21/06 for $2,716)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	6. Pfizer Common Stock (stock sold 3/27/06 for $12,407)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	7. Bank Sweep (Cash Management Account)	$1,001 - $15,000	INTEREST	$1 - $200	
	Wachovia Financial Account (Transferred from Morgan Stanley 1/21/05) including following Assets	below	below	below	
	1. Zimmer Holding, Inc. Common Stock	$15,001 - $50,000	None	NONE	
	2. Washington Suburban Bond	$15,001 - $50,000	INTEREST	$201 - $1,000	
	3. Howard Co., Md. Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

	4. Bristol Myers Squib Common Stock (stock sold 2/17/06 for $27,832)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	5. Seligman Bond Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	same	same	INTEREST	$1 - $200	
	6. Maryland State Bond	$15,001 - $50,000	INTEREST	$201 - $1,000	
	7. Smith, Barney Intermediate Bond Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	same	same	INTEREST	$1 - $200	
	8. Eaton Vance Muncipal Trust Class A	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	9. Maryland Tax Free Bond Trust 84	None	INTEREST	$201 - $1,000	S
	same	same	CAPITAL GAINS	$201 - $1,000	
	10. Nuveen Maryland Premium Muncipal Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	same	same	CAPITAL GAINS	$1 - $200	
	11. Delaware Group Dividend and Income Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	same	same	CAPITAL GAINS	$201 - $1,000	
	12. Bank Sweep (Cash Management Account)	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

	13. Columbia Utilities Fund A	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	14. Morgan Stanley American Opportunity Fund B	$50,001 - $100,000	None	NONE	E
	15. Morgan Stanley American Opportunity Fund A	$1,001 - $15,000	None	NONE	E
	16. Capital Opportunity Trust B	$1,001 - $15,000	None	NONE	
	17. American Europacific Growth C	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	same	same	CAPITAL GAINS	$1,001 - $2,500	
	18. Calamos Growth & Income C	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
	same	same	CAPITAL GAINS	$1,001 - $2,500	
	National Grid Transco Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	same	same	CAPITAL GAINS	$1 - $200	
	Met Life Co., Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Israel Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000	PS
JT	Meyer M. Cardin Trust - Note 1	$250,001 - $500,000	INTEREST	$15,001 - $50,000	PS
JT	same	same	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

JT	same	same	Other: Non Passive Income	$1 - $200	
	Benjamin L. Cardin Trust - Note 2	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	same	same	INTEREST	$1 - $200	
	Venture BG Partnership c/o Howard S. Brown; Balto., Md. - Note 3	$50,001 - $100,000	Other: cash distribution	$5,001 - $15,000	
	Keough - ABA Retirement Plan - Benjamin L. Cardin Retirement Plan - Note 4	$500,001 - $1,000,000	N/A	NONE	
SP	Deferred Compensation Plan - Note 5	$50,001 - $100,000	N/A	NONE	
SP	TIAA Cref Retirement Plan - Note 6	$1,001 - $15,000	N/A	NONE	
Note 7	IRAs - Wachovia Financial (transferred from Morgan Stanley Jan., 2005) - including following Assets:	below	below	below	
	1. Israel Bonds	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	same	same	DIVIDENDS	$1,001 - $2,500	
	2. Money Market Accounts	$1,001 - $15,000	INTEREST	$1 - $200	
	Congressional Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	Minnesota Life Variable Life Insurance - Note 8	$15,001 - $50,000	N/A	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

Note 9	Maryland College Investment Plans	$15,001 - $50,000	N/A	NONE	P
	Met Life Total Account	$15,001 - $50,000	INTEREST	$201 - $1,000	Inheritance
	Hopkins Federal Bank Accounts	None	INTEREST	$1,001 - $2,500	Inheritance / S

SCHEDULE IV - TRANSACTIONS

Name Benjamin L. Cardin

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Comcast Corp. Class A Common Stock	S	5-24-05	$1,001 - $15,000
JT	Northeast Utilities Common Stock	S	5-24-05	$15,001 - $50,000
JT	A.T. & T. Common Stock	S	5-25-05	$1,001 - $15,000
JT	Lucent Technologies Common Stock	S	5-24-05	$1,001 - $15,000
JT	Union Pacific Common Stock	S	5-24-05	$1,001 - $15,000
JT	Gillette Co. Common Stock	S	5-24-05	$1,001 - $15,000
JT	Amerigas Partners, LP	S	5-24-05	$1,001 - $15,000
JT	Smith Barney Citigroup Managed Fund	P	5-27-05; 9-9-05	$50,001 - $100,000
JT	Global Dividend Growth Fund	P	7-7-05; 12-30-05 - Note 10	$1,001 - $15,000
	Eaton Vance Muncipal Trust Class A	P	monthly - Note 10	$1,001 - $15,000
	Maryland Tax Free Bond Trust 84	S	5-5-05	$1,001 - $15,000
	Morgan Stanley American Opportunity Fund B	E	4-22-05 - Note 11	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Benjamin L. Cardin

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Morgan Stanlely American Opportunity Fund A	E	4-22-05 - Note 11	$1,001 - $15,000
	American Europacific Growth C	P	12-29-05 - Note 10	$1,001 - $15,000
	Calamos Growth & Income C	P	4-8-05; 6-27-05; 9-26-05; 11-21-05 - Note 10	$1,001 - $15,000
JT	Israel Bonds	PS	2-1-05	$1,001 - $15,000
JT	Meyer M. Cardin Trust - Note 1	PS	see Note 1	see Note 1
Note9	Maryland College Investment Plans	P	11-6-05	$1,001 - $15,000
	Met Life Total Account	Inher	9-23-05	$15,001 - $50,000
	Hopkins Federal Bank Accounts	Inh/S	8-31-05; 11-12-05	$100,001 - $250,000
	Columbia Utilities Fund A	P	3-29-05; 6-28-05; 9-28-05; 12-14-05 - Note 10	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Benjamin L. Cardin

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	For liabilities of Venture BG Partnership see Note 3	see Note 3	see Note 3

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Benjamin L. Cardin

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Commonwealth Fund & John F. Kennedy School Harvard University	Jan. 13-15, 2005	Aventure, Fla. (no reimbursement for travel to and from Fla.)	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Benjamin L. Cardin

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Visitors	University of Maryland Law School; Baltimore, Maryland
Technical Advisory Board (inactive)	Maryland Psychiatric Research Center; Baltimore, Maryland
Board of Advisors	Baltimore Zionist District; Baltimore, Maryland
Member	President's Advisory Board; University of Maryland, Baltimore County
Advisory Committee	Lawyer's Committee Against Hunger; Baltimore, Maryland
Partner	Partnerships listed in Schedule III - Venture BG Partnership
Board of Trustees	Baltimore Council on Foreign Affairs; Baltimore, Maryland
Trustee	Irrevocable Trust created by Roger Lipitz and family c/o Piper Rudnick Attorneys; Baltimore, Maryland
Trustee	Irrevocable Trust created by Lawrence M. Katz c/o Piper Rudnick Attorneys; Baltimore, Maryland
Trustee	Irrevocable Trust created by Herbert Rosen; Baltimore, Maryland
Trustee	Goucher College; Towson, Maryland
Executive Committee	Israel Bonds of Maryland

SCHEDULE VIII - POSITIONS

Name Benjamin L. Cardin

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	The Center for Democracy and the Interpretation of Civil Society; St. Mary's College; St. Mary's City, Maryland
Trustee	Baltimore City Historical Society; Baltimore, Maryland
Advisory Board	Johns Hopkins Institute for Public Policy Studies; Baltimore, Maryland
Personal Representative	Estate of Meyer M. Cardin; Baltimore, Maryland

SCHEDULE IX - AGREEMENTS

Name Benjamin L. Cardin

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-2-87 (retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits(reported in Schedule I) and the right to participate in health insurance with the employer subsidizing part of the cost.

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III & IV	A trust established by filer's father for the benefit of filer and spouse during their lifetime with remainderman interest to filer's children. The Trust held the following reportable Assets and had the following reportable Transactions in 2005: (1) Federal Home Loan Note, Value of Asset, None; Income - Interest $1 - $200; Transaction S Return of Principal, monthly Jan., Feb., and March and Matured 4/15/05 $1,001 - $15,000, (2) Prince George's Co., Md. Bond, Value of Asset $15,001 - $50,000; Income - $201 - $1,000; (3) Baltimore, Md. Bonds, Value of Asset $50,001 - $100,000; Income - Interest $2,501 - $5,000; Transaction S Matured 10/1/05 $1,001 - $15,000; (4) Baltimore County, Md. Bonds, Value of Asset $50,001 - $100,000; Income - Interest $2,501 - $5,000; (5) Maryland Health & Higher Ed. Bonds, Value of Asset $15,001 - $50,000; Income - Interest $201 - $1,000, Transaction, P 8/17/05 $5,001 - $15,000; (6) Maryland Stadium Bond, Value of Asset $1,001 - $15,000; Income - Interest $201 - $1,000; (7) Maryland State Bonds, Value of Asset $15,001 - $50,000; Income - Interest $1,001 - $2,500, Transaction, S Redeemed 10/17/05 $5,001 - $15,000; (8) Maryland State Local Facilities Bond, Value of Asset $15,001 - $50,000; Income - Interest $1,001 - $2,500; (9) Washington Co., Md. Bond, Value of Asset, None, Income - Interest $201 - $1,000; Transaction, S Matured 1/15/05 $5,001 - $15,000; (10) Baltimore, Md. Wastewater Bond, Value of Asset $15,001 - $50,000; Income - Interest $1,001 - $2,500; (11) University of Maryland Bond, Value of Asset $15,001 - $50,000; Income - Interest $201 - $1,000; (12) Maryland State Community Dev. Bonds, Value of Asset $15,001 - $50,000; Income - Interest $1,001 - $2,500; (13) Montgomery Co., Md. Bonds, Value of Asset $15,001 - $50,000; Income - Interest $1,001 - $2,500; (14) St. Mary's Co., Md. Bond, Value of Asset $15,001 - $50,000; Income - Interest $201 - $1,000; (15) Maryland State Dept of Transp. Bond, Value of Asset $5,001 - $15,000; Income - Interest $201 - $1,000; Transaction, P 7/28/05 $5,001 - $15,000; (16) General Electric Corp. Bond, Value of Asset $1,001 -	Meyer M. Cardin Trust

FOOTNOTES

Name Benjamin L. Cardin

Number	Section / Schedule	Footnote	This note refers to the following item
		$15,000; Income - Interest $201 - $1,000; and (17) Money Market Fund, Value of Asset $15,001 - $50,000; Income - Interest $201 - $1,000, Dividend $1 - $200, Transaction P/S cash management account for investments listed above. In addition, the Trust had non-passive income $1 - $200.	
2	Schedule III	A trust established by filer on June 29, 1990 for the benefit of spouse during her lifetime with remainderman interest to filer's children. The Trust held the following reportable Asset in 2005: Wachovia Financial Cash Management Account (Transferred from Morgan Stanley Account 2/23/05), Value of Asset $1,001 - $15,000; Income- Interest $1 - $200, Dividend - $1 - $200. In addition the Trust purchased life insurance in March, 1991.	Benjamin L. Cardin Trust
3	Schedule III & IV	Venture BG is a partnership that holds the land at 3601 Washington Blvd., Baltimore, Md. The filer owns 1.01 percent interest. The evaluation is based on the capital account. The Asset of the partnership is 3601 Washington Blvd., Baltimore, Md., Value of Asset $5,000,001 - $25,000,000; Income, None. The Liabilities of the Partnership are as follows: (1) GMAC Commercial Mortgage, Horsham, Pa., Mortgage on 3601 Washington Blvd., Baltimore, Md., Amount of Liability $1,000,001 - $5,000,000; (2) Howard Brown, Baltimore, Md. Loans, Amount of Liability $1,000,001 - $5,000,000; and (3) Frona Brown, Baltimore, Md. Loan, Amount of Liability $250,001 - $500,000.	Venture BG Partnership
4	Schedule III	Retirement funds invested in Stable Asset Return Fund, International Bond Fund, Large Cap Growth Equity Fund and Moderate Portfolio Fund.	Keough - ABA Retirement Fund - Benjamin L. Cardin
5	Schedule III	Invested through Lincoln Finance Group and invested in Fixed Account, Bond Fund, Growth & Income Fund and Special Opportunity Fund	Deferred Compensation Plan
6	Schedule III	Invested in TIAA Traditional Fund and CREF Stock Fund	TIAA Cref Retirement Plan

FOOTNOTES

Name Benjamin L. Cardin

Number	Section / Schedule	Footnote	This note refers to the following item
7	Schedule III	Includes IRAs for filer and spouse	IRAs
8	Schedule III	Value represents cash value as of 9/10/05 (most recent information supplied by insurance company). Listed as Asset because cash value directed into equity accounts invested in the following funds: Guaranteed Principal Account, Franklin Large Cap Growth Security, Fidelity VIP Equity-Income, Advantus Index 400 Mid Cap, MFS New Discovery Series, Oppenheimer International Growth, W & R Target International, Templeton Developing Markets Security, Advantus Real Estate Security, Advantus Bond and Oppenheimer High Income.	Minnesota Life Insurance
9	Schedule III & IV	Includes college funds established by filer and spouse	Maryland College Investment Plans
10	Schedule IV	Purchases made automatically through dividend and/or distribution reinvestment program with company	See Schedule IV for Assets Noted
11	Schedule III & IV	Some of Fund B exchanged for Fund A 4/22/05	Morgan Stanley American Opportunity Fund A & B

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Dennis A. Cardoza
(Full Name)

435 Cannon House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-6131
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: CA District: 18	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/06

SCHEDULE I - EARNED INCOME

Name Dennis A. Cardoza

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Merced Faculty Associates	Spouse's income	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Dennis A. Cardoza

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
National Association of Realtors	Speech at Annual Convention	Oct. 29, 2005	$2,000
CAP-12, c/o Fireman's Fund/Hartford Insurance Group	Speech at CAP-12 Lunch	May 18, 2005	$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Abercromble & Fitch Stock	$1,001 - $15,000	None	NONE	P
Activision Inc. Stock	$1,001 - $15,000	None	NONE	P
Advanced Micro Devices Stock	$1,001 - $15,000	None	NONE	P
Alcoa Inc. Stock	$1,001 - $15,000	None	NONE	P
Allianz NFJ Dividen Value Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	P
Bank of America (Checking and Savings Accounts)	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	Best Buy Inc. Stock	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	PS
	Capital Corp of the West Stock	$15,001 - $50,000	None	NONE	P
	Capital Corp. of the West (formerly County Bank of Merced) Stock (held in IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Cardoza & Cardoza Landholding Partnership, Atwater, CA (6.21 acres at Bellvue & Redwood, Atwater, CA)	None	Sale of Property	$100,001 - $1,000,000	S
	Cendant Corp. Stock	$1,001 - $15,000	None	NONE	P
	Coldwater Creek Inc. Stock	$15,001 - $50,000	None	NONE	P
	Conexant Systems Inc. Stock	$1,001 - $15,000	None	NONE	P
	Cynosure Inc. Stock	$1,001 - $15,000	None	NONE	P
	Evergreen Solar Inc. Stock	$1,001 - $15,000	None	NONE	P
	Ford Motor Co. Stock	None	None	NONE	PS
	Fuelcell Energy Inc. Stock	$1,001 - $15,000	None	NONE	P
	General Electric Co. Stock	$15,001 - $50,000	Dividends	$1 - $200	P
	Greatbatch Inc. Stock	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	Hewlett-Packard Company Stock	$1,001 - $15,000	Dividends	$1 - $200	P
	ICON Energy Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	P
	Intel Corp. Stock	$1,001 - $15,000	None	NONE	P
	JDS Uniphase Corp. Stock	$1,001 - $15,000	None	NONE	P
	Lucent Technologies Inc. Stock	$1,001 - $15,000	None	NONE	P
	Micron Technology Inc. Stock	$1,001 - $15,000	None	NONE	P
	Microsoft Corp. Stock	$15,001 - $50,000	None	NONE	P
	Motorola Inc. Stock	$1,001 - $15,000	Dividends	$1 - $200	P
	NASDAQ Stock	$15,001 - $50,000	Dividends	$1 - $200	P
	National Semiconductor Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	P
	Nortel Networks Stock	$1,001 - $15,000	None	NONE	P
	Owens Illinois Inc. Stock	None	None	NONE	PS
	Pfizer Inc. Stock	None	CAPITAL GAINS	$201 - $1,000	PS
	PMC Sierra Inc. Stock	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	Sanofi Aventis ADR	$15,001 - $50,000	None	NONE	P
	Schwab Technology Fund Shares	$1,001 - $15,000	None	NONE	P
	Solectron Corp. Stock	$1,001 - $15,000	None	NONE	P
	Suntech Power Holdings Co. Stock	$1,001 - $15,000	None	NONE	P
	The Charles Schwab Corp. Stock	$1,001 - $15,000	None	NONE	P
	United Microelectron Stock	$1,001 - $15,000	None	NONE	P
	Verisign Inc. Stock	$1,001 - $15,000	None	NONE	PS

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Pfizer Inc. Stock	P	12-14-05	$1,001 - $15,000
	Pfizer Inc. Stock	S	12-20-05	$1,001 - $15,000
	Schwab Technology Fund Shares	P	12-23-05	$15,001 - $50,000
	ICON Energy Fund Shares	P	11-11-05	$15,001 - $50,000
	Allianz NFJ Dividen Value Fund Shares	P	11-11-05	$15,001 - $50,000
	The Charles Schwab Corp. Stock	P	11-16-05	$1,001 - $15,000
	Nortel Networks Stock	P	11-23-05	$1,001 - $15,000
	Conexant Systems Inc. Stock	P	11-23-05	$1,001 - $15,000
	Intel Corp. Stock	P	11-23-05	$1,001 - $15,000
	Activision Inc. Stock	P	11-23--5	$1,001 - $15,000
	Alcoa Inc. Stock	P	11-21-05	$1,001 - $15,000
	National Semiconductor Corp. Stock	P	11-21-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Evergreen Solar Inc. Stock	P	12-12-05	$1,001 - $15,000
	Cynosure Inc. Stock	P	12-13-05	$1,001 - $15,000
	Cendant Corp. Stock	P	12-13-05	$1,001 - $15,000
	Suntech Power Holdings Co. Stock	P	12-14-05	$1,001 - $15,000
	General Electric Co. Stock	P	12-15-05	$15,001 - $50,000
	Abercrombie & Fitch Stock	P	12-20-05	$1,001 - $15,000
	Best Buy Inc. Stock	P	12-13-05	$15,001 - $50,000
	Best Buy Inc. Stock	P	12-14-05	$15,001 - $50,000
	Best Buy Inc. Stock	P	12-21-05	$15,001 - $50,000
	Best Buy Inc. Stock	S	12-21-05	$15,001 - $50,000
	Ford Motor Co. Stock	P	11-23-05	$1,001 - $15,000
	Ford Motor Co. Stock	S	12-22-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Verisign Inc. Stock	P	12-13-05	$1,001 - $15,000
	Verisign Inc. Stock	S	12-23-05	$1,001 - $15,000
	Sanofi Aventis Stock	P	11-14-05	$15,001 - $50,000
	Sanofi Aventis Stock	P	12-27-05	$1,001 - $15,000
	Motorola Inc. Stock	P	11-16-05	$1,001 - $15,000
	Motorola Inc. Stock	P	12-13-05	$1,001 - $15,000
	Motorola Inc. Stock	P	12-14-05	$1,001 - $15,000
	United Microelectron Stock	P	12-8-05	$1,001 - $15,000
	Lucent Technologies Inc. Stock	P	11-23-05	$1,001 - $15,000
	Lucent Technologies Inc. Stock	P	12-20-05	$1,001 - $15,000
	JDS Uniphase Corp. Stock	P	11-23-05	$1,001 - $15,000
	Micron Technology Inc. Stock	P	11-22-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Micron Technology Inc. Stock	P	11-23-05	$1,001 - $15,000
	Microsoft Corp. Stock	P	11-22-05	$1,001 - $15,000
	Microsoft Corp. Stock	P	11-23-05	$1,001 - $15,000
	Microsoft Corp. Stock	P	12-13-05	$1,001 - $15,000
	Coldwater Creek Inc. Stock	P	11-23-05	$1,001 - $15,000
	Coldwater Creek Inc. Stock	P	12-13-05	$1,001 - $15,000
	Coldwater Creek Inc. Stock	P	12-15-05	$1,001 - $15,000
	Greatbatch Inc. Stock	P	11-22-05	$1,001 - $15,000
	Greatbatch Inc. Stock	P	12-13-05	$1,001 - $15,000
	Advanced Micro Devices Stock	P	11-16-05	$1,001 - $15,000
	Advanced Micro Devices	P	11-23-05	$1,001 - $15,000
	Fuelcell Energy Inc. Stock	P	12-12-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Fuelcell Energy Inc. Stock	P	12-13-05	$1,001 - $15,000
	Solectron Corp. Stock	P	12-08-05	$1,001 - $15,000
	Solectron Corp. Stock	P	12-08-05	$1,001 - $15,000
	Solectron Corp. Stock	P	12-20-05	$1,001 - $15,000
	PMC Sierra Inc. Stock	P	12-07-05	$1,001 - $15,000
	PMC Sierra Inc. Stock	P	12-13-05	$1,001 - $15,000
	Capital Corp. Of the West Stock	P	12-07-05	$15,001 - $50,000
	Capital Corp. Of the West Stock	P	12-30-05	$1,001 - $15,000
	Hewlett-Packard Company Stock	P	11-21-05	$1,001 - $15,000
	Hewlett-Packard Company Stock	P	12-13-05	$1,001 - $15,000
	Owens-Illinois Inc. Stock	P	11-21-05	$1,001 - $15,000
	Owens-Illinois Inc. Stock	S	12-06-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	NASDAQ Stock	P	11-09-05	$15,001 - $50,000
	Cardoza & Cardoza Landholding Partnership, Atwater, CA (6.21 acres at Bellvue & Redwood, Atwater, CA)	S	10-21-05	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name Dennis A. Cardoza

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	River City Bank (home improvement)	Loan	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Dennis A. Cardoza

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Faith and Politics Institute (40th Anniversary of Voting Rights March)	Mar. 4-6	Wash., D.C.--Birmingham, AL-- Montgomery, AL--Selma, AL--Wash., D.C.	Y	Y	N	None
Chicago Mercantile Exchange Inc./Chicago Board of Trade (Fact-Finding/Educational Trip)	Apr. 10-12	Oakland, CA--Chicago, IL--Wash., D.C.	Y	Y	N	None
United Fresh Fruit and Vegetable Association (attend United Produce trade show/informational trip)	May 1-2	San Francisco, CA--Chicago, IL--Wash., D.C.	Y	Y	N	None
Congressional Economic Leadership Institute (fact-finding, educational trip)	Nov. 26-Dec. 5	San Francisco,CA--Sao Paulo, Brazil--Rio de Janeiro, Brazil--Wash., D.C.	Y	Y	N	2 Nights

SCHEDULE VIII - POSITIONS

Name Dennis A. Cardoza

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative; employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Cardoza & Cardoza

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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9
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U.S. HOUSE OF RESPONSIBILITIES
MC
(Office Use Only)

John Russell Carnahan
(Full Name)

1232 Longworth HOB Washington DC 20515 (202) 225-2671
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: Missouri District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED ... ssed ... than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jim Carnahan	5-12-06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Missouri, House of Representatives	Salary	1306.31
	U.S. Government, House of Representatives	salary	145,403
	City of St. Louis, Municipal Court (spouse)	salary	38,596.50

For payments to charity in lieu of honoraria, use Schedule II.

Name Russ Carnahan | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Russ Carnahan

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Family farm Rolla, MO						X														X											
JT	Carnahan Inv. LLC Comm. Bldg. Rolla, MO				X										X									X								
JT	Rental Property Jefferson City, MO					X									X						X											
JT	National City Bank St. Louis, MO				X											X						X										
JT	St. Louis Comm. Credit Union Checking and Savings			X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Russ Carnahan

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Russ Carnahan

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								

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Name Russ Carnahan | Page 2 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	MO State Credit Union, Jefferson City, MO	mortgage rental property 715 Cliff St, Jefferson City, MO			X							
JT	Royal Bank, St. Louis, MO	Mortgage on farm House Rolla, MO		X								
SP	Sallie Mae, Wilkes-Barre, PA	Student Loan (spouse)	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	American Israel Education Foundation	Aug 8-15	St. Louis - Tel Aviv - St. Louis	Y	Y	Y	8
	Alliance for Health Reform	Jan 13-15	St. Louis - Aventura, Fla - St. Louis	Y	Y	Y	3
	Democratic Leadership Council	April 29-30	Washington, DC - New Orleans	Y	Y	Y	2

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Name Russ Carnahan | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
member	Carnahan Farms L.L.C. / Carnahan Investments, L.L.C.
member, Board of Directors	Carnahan Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

Russ Carnahan
3rd District, Missouri

Assistant Minority Whip

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE
Aviation Subcommittee
Water Resources & Environment Subcommittee
Highways, Transit & Pipelines Subcommittee

INTERNATIONAL RELATIONS COMMITTEE
International Terrorism & Nonproliferation Subcommittee
Middle East & Central Asia Subcommittee

Congress of the United States
House of Representatives
Washington, DC

WASHINGTON OFFICE:
1232 Longworth House Office Building
Washington, DC 20515
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ST. LOUIS OFFICE:
8784 Manchester Road, Suite 203
St. Louis, MO 63144
Phone: (314) 962-1523
Fax: (314) 962-7169

JEFFERSON COUNTY OFFICE:
917 Bailey Road
Crystal City, MO 63019
Phone: (636) 937-8039
Fax: (636) 937-7138

ONLINE OFFICE:
http://www.house.gov/carnahan

MC

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U.S. HOUSE OF REPRESENTATIVES

May 25, 2006

Ms. Karen L. Haas
The Clerk, U.S. House of Representatives
H-154, Capitol
Washington, DC 20515

Dear Ms. Haas,

Upon further review, I have discovered an error on my Financial Disclosure Statement for Calendar Year 2005.

Under Schedule VII - Travel Payments and Reimbursements, the following information should replace figures submitted on the form: 1) Source: American Israel Education Foundation - Dates: July 31 - August 15; Number of days not at sponsor's expense: 6 2) Source: Alliance for Health Reform - Number of days not at sponsor's expense: 0 3) Source: Democratic Leadership Council - Number of days not at sponsor's expense: 0. All other previously submitted information on Schedule VII is correct.

Please consider this error to be duly corrected.

Sincerely,

Russ Carnahan
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES

Julia M. Carson
(Full Name)

2530 N. Park Ave
Indianapolis, IN 46205
(Mailing Address)

202-225-4011
317-926-7696
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: INDIANA District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Julia Carson	4/11/06 4-11-06

Name Julia Carson	Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	n/a		

For payments to charity in lieu of honoraria, use Schedule II.

Name Julia Carson | Page 3 of 3

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
n/a			

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Name Julia Carson | Page 4 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X									X											X							P
	DC Simon & Schuster			Indefinite																	Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X										X										X						
	Key Bank				X																												
	Cummins				X																												
	Congressional Federal Credit Union					X																											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Julia Carson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	n/a																													

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SCHEDULE IV — TRANSACTIONS

Name Julia Carson

Page 6 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	n/a														

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Name Julia Carson | Page 7 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	n/a											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
n/a		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	1) Minority Health Summit by the American Legacy Fundation	7/22-7/23	Washington DCA - Chicago - Indianapolis	Y	N	N	None
	2) Healthcare and Education issues of concerns to African Americas by The Congressional Black Caucus Fundation	8/12-8/14	INDianapolis - Tunica - Indianapolis	Y	Y	N	2 Days (flight + meals)

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Name Julia Carson | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	n/a

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	n/a	

GPO 2006 25-628 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Page 1 of 1

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 AM 11:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

NC

JOHN CARTER
(Full Name)

408 chob WASHINGTON, DC 20515
(Mailing Address)

202-225-3864
Daytime Telephone:

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representatives — State: TX District: 31 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Carter	5/11/06

765

SCHEDULE I - EARNED INCOME

Name JOHN CARTER

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
TEXAS JUDICIAL RETIREMENT SYSTEM	JUDICIAL PENSION	$77,466.60

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JOHN CARTER

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
EXXON STOCK	$1,000,001 - $5,000,000	DIVIDENDS	$15,001 - $50,000	

SCHEDULE V - LIABILITIES

Name JOHN CARTER

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	UNION STATE BANK OF FLORENCE, TX	BANK LOAN	$50,001 - $100,000
	CITIBANK	BANK CARD	$10,001 - $15,000
	MBNA BANK	BANK CARD	$15,001 - $50,000
	SALLIE MAE (COMB)	STUDENT LOANS	$100,001 - $250,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

4

LEGISLATIVE RESOURCE CENT

2006 MAY 15 PM 4:24

OFFICE OF THE CLERK
(Office of the Clerk, U.S. House of Representatives)

MC

Edward Espenett Case
(Full Name)

115 cannon House Office Building
(Mailing Address)

(202) 225-4906
Daytime Telephone

Washington D.C., 20515

Filer Status	[x] Member of the U.S. House of Representatives	State: Hawaii District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	May 11, 2006

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	United Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I: None	II: $1 – $200	III: $201 – $1,000	IV: $1,001 – $2,500	V: $2,501 – $5,000	VI: $5,001 – $15,000	VII: $15,001 – $50,000	VIII: $50,001 – $100,000	IX: $100,001 – $1,000,000	X: $1,000,001 – $5,000,000	XI: Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X											X							P
			Simon & Schuster		Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts						X									X										X						
	Carlsmith Ball Profit Sharing Plan								X													Pension						NA						
	Carlsmith Ball Capital Note Repayment					X												X							X									
JT	Hawaii State FCU					X												X						X										
JT	Alliant Credit Union							X										X								X								
SP	United Airlines 401 (k) Ret. Svgs. Plan							X														401(k)						NA						
SP	Morgan Stanley IRA Standard Spousal						X															IRA						NA						

For additional assets and unearned income, use next page.

Name Edward E. Cage

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the *Foreign Gifts and Decorations Act* (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
Consumer Electronics Assn.		Jan 5 - 8	D.C.-Las Vegas - Honolulu	Y	Y	Y	-
Chicago Mercantile Exchange/ Chicago Board of Trade		April 10-12	Honolulu - Chicago - D.C.	Y	Y	N	-
Democratic Leadership Council		April 29 - May 1	D.C. - New Orleans - D.C.	Y	Y	Y	-
Dominion Exploration and Productions		April 29	New Orleans - Gulf of Mexico - New Orleans	N	Y	Y	-

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY -9 PM 5:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

MC

Michael N. Castle
(Full Name)

2001 Kentmere Place Wilmington, DE 19806
(Mailing Address)

302-428-1902
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: DE District: 01	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael N. Castle	May 9, 2006

SCHEDULE I - EARNED INCOME

Name Michael N. Castle

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Delaware	Pension	$36,726.36

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. *Exclude:* Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
14 George Street, Dewey Beach, DE (Note: for the above, gross rental only and does not reflect expenses)	$500,001 - $1,000,000	RENT	$15,001 - $50,000	N/A
224A Justice Court, Washington, DC (Note: for the above, gross rental only and does not reflect expenses)	$100,001 - $250,000	RENT	$5,001 - $15,000	N/A
4566 Parkside Drive Kiawah Island, SC	$250,001 - $500,000	RENT	$5,001 - $15,000	N/A
Aegis Value Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
Legg, Mason Capital Opportunity Fund	$50,001 - $100,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Dodge & Cox Balanced Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Fidelity Tax Free Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Cohen & Steers Realty	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
	Boston Partners Small Cap Value II	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	FPA Crescent Inst. Shares	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Heartland Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Marsico Focus Fund	$15,001 - $50,000		NONE	
	Oakmark Global Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Weitz Partner Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Wm. Blair Small Cap Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Vanguard Prime Money Market Fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	S (Partial)
	Vanguard Inter-Term Tax Exempt Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Vanguard Capital Value Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Vanguard Health Care Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	

	Vanguard Inflation Protected Securities Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	Evergreen Money Market Fund	$1 - $1,000	DIVIDENDS	$1 - $200	
	American Power Conversion Corp.	$1,001 - $15,000		$1 - $200	S
	Apache Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Caci Intl Inc.	$1,001 - $15,000		NONE	
	CRA International Inc., formerly Charles River Associates	$1,001 - $15,000		NONE	
	Ebay, Inc.	$1,001 - $15,000		NONE	
	Electronic Arts Inc.	$1,001 - $15,000		NONE	P
	FiServ, Inc.	$1,001 - $15,000		NONE	P
	Grant Prideco Inc.	$15,001 - $50,000		NONE	
	MLM Index Fd Enhanced Ser (A managed future fund)	$50,001 - $100,000		NONE	
	Gemstar TV Guide	$1,001 - $15,000		NONE	
	Home Depot, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	II-VI Inc.	$1,001 - $15,000		NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Integrated Device Technologies (merger with Integrated Circuit Systems)	$1,001 - $15,000		NONE	Merger
	Amgen, Inc.	$15,001 - $50,000		NONE	
	L3 Communications	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Powershares Zacks Micro Cap Portfolio	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Sunguard Data Systems, Inc.	$1,001 - $15,000		NONE	S (as result of merger)
	Symantec Corp	$1,001 - $15,000		NONE	
	PR Electric Power due 7-1-17 Zero Coupon	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE State Economic Development Author. Due 5-1-07	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE EDA Hospital Revenue Riverside Zero Coupon due 1-1-06	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE General Obligation due 5-1-05 Zero Coupon	$1,001 - $15,000	INTEREST	$201 - $1,000	Redeemed
	DE General Obligation due 5-1-07	$1,001 - $15,000	INTEREST	$1 - $200	
	Ariba Inc. (IRA)	$1,001 - $15,000		NONE	S
	AOL Time Warner(IRA)	$1,001 - $15,000		NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	BCE Inc. (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Cisco Systems (IRA)	$1,001 - $15,000		NONE	S
	EMC Corp. (IRA)	$1,001 - $15,000		NONE	S
	Equity Office Prop. (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Flextronics International (IRA)	$1,001 - $15,000		NONE	S
	Intel Corp. (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Kimco Realty Corp. (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Nortel Networks (IRA)	$1,001 - $15,000		NONE	S
	Oracle Corp (IRA)	$1,001 - $15,000		NONE	S (partial)
	Plum Creek Timber (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Pfizer Inc. (IRA)	$1,001 - $15,000		NONE	S
	Valero Energy (IRA)	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
	Fidelity Floating Rate High Income	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Ameristock Mutual Fund (IRA)	$15,001 - $50,000		NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Artisan Mid Cap Value (IRA)	$15,001 - $50,000		NONE	P
	Bridgeway Aggressive Investors II (IRA)	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
	Excelsior Value & Restructuring (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Janus Mid-Cap Value (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Clipper (IRA)	$15,001 - $50,000		NONE	S
	Columbia High Yield (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Columbia Acorn Select Class Z (IRA)	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	
	iShares Inc. MSCI S. Korea Index Fund (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Oakmark International (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Oakmark Equity & Income (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Dodge & Cox International Stock Fund (IRA)	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Pimco Commodity Real Return CLA Strategy (IRA)	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Pimco Total Return Class D (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Pimco Emerging Markets Bond (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Royce Low Price Stock Fund (IRA)	$15,001 - $50,000		NONE	S
	Muhlenkamp Fund (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Fidelity Cash Reserves (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Flextronics Intl. Ltd.	$1,001 - $15,000		NONE	
	Cortex Pharmaceuticals	$1,001 - $15,000		NONE	
	Arotech Corp.	$1 - $1,000		NONE	
SP	Morgan Stanley Liquid Asset Fund (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Morgan Stanley Pacific Growth Fund (IRA)	$1,001 - $15,000		NONE	
SP	Morgan Stanley European Equity Fund (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Morgan Stanley American Oppor. (IRA)	$1,001 - $15,000		NONE	
SP	Morgan Stanley Dividend Growth Securities (IRA)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Alger Mid Cap Growth	$1,001 - $15,000		NONE	
SP	Fidelity Diver Intl.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Fidelity Equity Inc. II	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

SP	MSI Sm. Co. Growth B	$1,001 - $15,000		NONE	
SP	Fid. Mgd. Inc. Port	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Vanguard Money Market Reserve Prime Portfolio	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	T. Rowe Price Variable Annuity	$100,001 - $250,000		NONE	
	Trust U/A 8-25-41, James m. Castle Trust #1, 16.66% Allocable share of trust income per K-1	N/A	DIVIDENDS	$1,001 - $2,500	
	JMC Trust #1 Wachovia PT Money Market	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #1 Evergreen Core Bond Fund	$50,001 - $100,000	As noted above	As noted above	
	JMC Trust #1 Evergreen Large Cap Equity Fund	$100,001 - $250,000	As noted above	As noted above	
	Trust U/A 1-21-53 James M. Castle Trust #3, 16.66% interest Allocable share of trust income per K-1	N/A	DIVIDENDS	$5,001 - $15,000	
	JMC Trust #3 Wachovia PT Money Market	$1 - $1,000	As noted above	As noted above	
	JMC Trust #3 Evergreen Core Bond Fund	$50,001 - $100,000	As noted above	As noted above	P
	JMC Trust #3 Diageo PLC Sponsored ADR	$1 - $1,000		NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #3 DuPont Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 General Electric	$15,001 - $50,000	As noted above	As noted above	S (partial)
	JMC Trust #3 Coca Cola	$1 - $1,000	As noted above	As noted above	
	JMC Trust #3 H.J. Heinz Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Proctor & Gamble Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Ford Motor Co.	$1,001 - $15,000	As noted above	As noted above	S
	JMC Trust #3 Home Deport	$1,001 - $15,000	As noted above	As noted above	S
	JMC Trust #3 Intel Corp.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Motorola Inc.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Wyeth	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #3 Bristol Myers Squibb Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Johnson & Johnson	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 BP PLC	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #3 SBC Communications	$1,001 - $15,000	As noted above	As noted above	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #3 Verizon Communications	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Bank of New York Co.	$1,001 - $15,000	As noted above	As noted above	S (partial)
	JMC Trust #3 J.P. Morgan Chase	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Mellon Financial Corp.	$1,001 - $15,000	As noted above	As noted above	
	Trust U/A 1-4-46, James M. Castle Trust #2, 16.66% Allocable shares of trust income per K-1	N/A	Dividends	$1,001 - $2,500	
	JMC Trust #2 Wachovia PT Money Market	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Core Bond Fund	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #2 General Electric Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Home Depot, Inc.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Abbot Labs	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #2 Bristol Myers Squibb Co.	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Exxon Mobil Corp.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Bank of New York	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #2 Mellon Financial	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Cisco Systems	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Hewlett Packard Co.	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 BP PLC Sponsored ADR	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Hospira, Inc.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust 8-27-68 Allocable share trust income per K-1	N/A	DIVIDENDS	$15,001 - $50,000	
	James M. Castle, Jr. Trust Wachovia PT Money Market	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Delaware Trust Municipal Bond Fund	$250,001 - $500,000	As noted above	As noted above	
	James M. Castle, Jr. Trust DuPont	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust General Electric	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Colgate Palmolive Co.	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Abbot Labs	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Cigna Corp.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Glaxo Smith Kline	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	James M. Castle, Jr. Trust Hospira, Inc.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust BP PLC	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Chevron/Texaco Corp.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Weststar Energy, Inc.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Alltel Corp.	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Wellpoint, Inc.	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Evergreen Large Cap Equity Fund	$100,001 - $250,000	As noted above	As noted above	
	James M Castle, Jr. Trust Evergreen Intl. Equity Fund	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nortel Networks (IRA)	S	1-3-05	$1,001 - $15,000
	AOL Time Warner (IRA)	S	1-3-05	$1,001 - $15,000
	Flextronics International (IRA)	S	1-3-05	$1,001 - $15,000
	Oracle Corp (IRA)	S (Partial)	1-3-05	$1,001 - $15,000
	Cisco Systems (IRA)	S	1-3-05	$1,001 - $15,000
	EMC Corp (IRA)	S	1-3-05	$1,001 - $15,000
	Pfizer Inc. (IRA)	S	1-3-05	$1,001 - $15,000
	Ariba Inc. (IRA)	S	1-3-05	$1,001 - $15,000
	Ameristock Mutual Fund (IRA)	S	1-3-05	$15,001 - $50,000
	Clipper (IRA)	S	1-3-05	$15,001 - $50,000
	Royce Low Price Stock Fund (IRA)	S	1-3-05	$15,001 - $50,000
	American Power Conversion Corp.	S	1-5-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Prime Money Market Fund	S (Partial)	2/23/05	$15,001 - $50,000
	DE General Obligation due 5/1/05 Zero Coupon	Other (Redemption)	5-1-05	$1,001 - $15,000
	Integrated Circuit Systems (merged with Integrated Device Technologies)	Merger	9-19/05	$1,001 - $15,000
	Sunguard Data Systems, Inc.	S (as a result of merger)	8-12-05	$1,001 - $15,000
	Pimco Commodity Real Return CLA Strategy (IRA)	P	1-6-05	$15,001 - $50,000
	Artisan Mid-Cap Value (IRA)	P	1-6-05	$15,001 - $50,000
	Excelsior Value & Restructuring (IRA)	P	1-6-05	$15,001 - $50,000
	Dodge & Cox International Stock Fund (IRA)	P	1-6-05	$15,001 - $50,000
	FiServ, Inc.	P	1-6-05	$1,001 - $15,000
	II-VI, Inc.	P	1-6-05	$1,001 - $15,000
	Apache Corp.	P	1-6-05	$1,001 - $15,000
	Electronic Arts	P	1-6-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	iShares Inc. MSCI S. Korea Index Fund (IRA)	P	2-23-05	$15,001 - $50,000
	Vanguard Inflation Protected Securities Fund	P	2-23-05	$15,001 - $50,000
	Powershares Zacks Micro Cap Portfolio	P	10-3-05	$1,001 - $15,000
	JMC Trust #3 SBC Communication	S	4-5-05	$1,001 - $15,000
	JMC Trust #3 Home Depot	S	4-5-05	$1,001 - $15,000
	JMC Trust #3 Bank of New York Co.	S (Partial)	4-5-05	$1,001 - $15,000
	JMC Trust #3 Evergreen Core Bond Fund	P	4-5-05	$1,001 - $15,000
	JMC Trust #3 General Electric	S (Partial)	6-15-05	$1,001 - $15,000
	JMC Trust #3 Ford	S	11-3-05	$1,001 - $15,000
	JMC Trust #3 Diageo PLC Sponsored ADR	P	11-3-05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael N. Castle

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute - The Challenge of Education Reform	Feb. 22-26	Philadelphia, PA -- Cancun Mexico -- Philadelphia, PA	Y	Y	Y	N/A
Aspen Institute -Political Islam: Challenges for U.S. Policy	May 30-June 5	Philadelphia, PA -- Istanbul, Turkey -- Philadelphia, PA	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Michael N. Castle

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	The Oquirrh Institute
Board Member	The Southern Institute on Children and Families
Board Member	James B. Hunt, Jr. Institute for Educational Leadership and Policy

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
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2006 MAY 15 PM 3:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(10)
MC

STEVEN J CHABOT
(Full Name)

3025 DAYTONA AVE.
CINCINNATI OHIO 45211
(Mailing Address)

513-662-8000
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: OHIO District: FIRST	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Steven J Chabot	5/13/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Examples. Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	SELECTED AMERICAN SHARES	X															X								X							S
	CHARLES SCHWAB + CO (IRA)					X								X									X									P
	CHARLES SCHWAB + CO				X									X									X									
	APPLEBEES COM. STOCK				X									X							[redacted]	X										
	CINTAS COM STOCK				X									X								X										
	VICTORY MM FUND				X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	PNC BANK ACCOUNTS				X											X							X									
	CHEVIOT B+L CD'S				X											X								X								
	USA BANK ACCT			X												X						X										
	ADVANTAGE BANK CD'S					X										X									X							
	JANUS FUND IRA				X									X																		
	GATEWAY INDEXED IRA				X									X																		
	COLUMBIA SP FUND IRA	X												X																		S
	FEDERATED FUND IRA	X												X																		S
	OHIO PUBLIC EMPLOYEES DEFERRED COMP FUND						X																									
	OHIO PERS					X																										
	BIO REF LABS COM ST			X										X								X										
	CCA INDS COM ST			X										X								X										
	DAKTRONIKS "			X										X								X										
	ENCORE ACQ "			X										X								X										
	FINISH LINE "			X										X								X										
	GULF ISL FAB "			X										X								X										
	K-SWISS INC "			X										X								X										
	MARINE PRODS CORP "			X										X								X										
	MATRIX SERV. CO "			X										X								X										
	MED ACT INDS "			X										X								X										
	MERIT MED SYS INC "			X										X								X										
	MULTI COLOR CORP "			X										X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	SIGMATRON INL. INC COMST			X										X								X										
	SPORTSMANS GUIDE INC "			X										X								X										

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Name STEVEN J CHABOT | Page 7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	SELECTED AMERICAN SHARES		X		10/4/05		X								
	FEDERATED FUND IRA		X		7/12/05			X							
	COLUMBIA SP FUND IRA		X		7/12/05		X								
	SCHWAB + CO IRA ACCT	X			7/12/05			X							

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Name STEVEN J CHABOT | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	HERITAGE	FEB 3-5	WASH. DC - BALTIMORE - DC	Y	Y	N	NONE

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Name STEVEN J CHABOT | Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
DEC 85-94 PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	UPON RETIREMENT
MAY 90 TO PAID INTO DEC 94	" " " DEFERRED COMP.	AT AGE 55

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

STEVE CHABOT
MEMBER OF CONGRESS
FIRST DISTRICT, OHIO

129 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2216

CAREW TOWER
441 VINE STREET, SUITE 3201
CINCINNATI, OH 45202
(513) 684-2723

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEES:

JUDICIARY
SUBCOMMITTEE ON THE CONSTITUTION
CHAIRMAN
SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY
SUBCOMMITTEE ON COMMERCIAL AND ADMINISTRATIVE LAW

INTERNATIONAL RELATIONS
SUBCOMMITTEE ON THE MIDDLE EAST AND CENTRAL ASIA
VICE-CHAIRMAN
SUBCOMMITTEE ON ASIA AND THE PACIFIC

SMALL BUSINESS
SUBCOMMITTEE ON TAX, FINANCE, AND EXPORTS

June 8, 2006

HAND DELIVERED

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MC ✓

The Honorable Karen L. Haas
Clerk of the U.S. House of Representatives
U.S. Capitol
Room H-154,
Washington, DC 20515-6601

Dear Ms. Haas,

Please amend Schedule III- Assets and "Unearned" Income of my 2005 Financial Disclosure to provide additional information on my Ohio Public Employees Deferred Compensation Fund. The funds in that account are allocated as follows:

Asset	Year-End Value
OPEDC Guaranteed Return Option	$15,001-$50,000
Fidelity Magellan	$15,001-$50,000
Vanguard Institutional Index	$15,001- $50,000

Thank you for your assistance in this matter.

Sincerely,

Steve Chabot
Member of Congress

SC/anw

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

Honorable Albert Benjamin Chandler, III
(Full Name)

975 Pisgah Pike Versailles, KY 40383
(Mailing Address)

202-225-4706
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: KY District: 06	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Ben Chandler	5/10/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Woodford Sun, Inc. Stock Versailles, KY Newspaper	$15,001-$50,000	Dividends	$2501-$5,000	NA
JT	Polly Place Farm, Inc. Stock 191 Elm St., Versailles, KY (300 acre farm)	$100,001- $250,000	Dividends	$1001-$2500	NA
JT	Lipid Sciences, Inc. Stock	$1001-$15,000	Dividends	$1-$200	NA
JT	JP Morgan stock	$1001-$15,000	Dividends	$1 - $200	NA
	KY Public Employees Deferred Compensation Account	$50,001- $100,000	NA	NA	NA
	KY Retirement Systems Account-Fidelity Contra	$50,001- $100,000	Dividends Reinvested	$2501-$5000	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

JT	Rental Unit, 975 Pisgah Pike, Versailles, KY	$1,001-$15,000	Rental	$2,501-$5,000	NA
JT	Commonwealth Credit Union, Frankfort, KY	$1,001 - $15,000	Interest	$1-$200	NA
	Ky Public Employees Deferred Compensation Account-Gross Fund of America	$15,001 - $50,000	Dividends Reinvested	$2501-5000	NA
JT	Community Trust Bank	$15,001 - $50,000	Interest	$1-$200	NA
SP	KY Public Employees Retirement Systems	$15,001 - $50,000	NA	NA	NA
JT	USEE Bonds	$50,001 - $100,000	Bonds held, not cashed	NA	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

SCHEDULE V - LIABILITIES

Name Honorable Albert Benjamin Chandler, III

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Republic Bank, Louisville, KY	home equity loan	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Honorable Albert Benjamin Chandler, III

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
International Management & Development Institute	Feb.20-27	Lexington, KY-Paris, France-Stuttgart, Germany-Liechteinstein-Lexington, KY	Y	Y	Y	None

SCHEDULE IX - AGREEMENTS

Name Honorable Albert Benjamin Chandler, III

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01-01-92	Commonwealth of KY Retirement Systems	Defined Benefit Plan
12-21-92	Commonwealth of KY Public Employees Deferred Comp	Defined Contribution Plan

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2006 MAR 27 PM 5:34

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MC

(Office Use Only)

Joseph Christopher Chocola
(Full Name)

510 Cannon HOB
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone 202-225-3915

Filer Status	[X] Member of the U.S. House of Representatives — State: IN District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		4/27/06

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joseph Christopher Chocola

Page 2 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Abbott Labs	X												X										X								S
	Accenture Ltd						X										X					X										P, S
	Allergan Inc	X												X			X										X					P, S
	Allianz Aktiengesell	X															X							X								P, S
	Aluminum Co. of America	X																			X											S
	Amer International Group	X																			X											P, S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christophe Chocola

Page 3 of 26

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	American Power Conversion	X																			X											P, S
	Amgen Inc.						X														X											P, S
	Ambeth Bancorp	X												X									X									
	Anadarko Petroleum Corp					X								X			X								X							S
	Applebee's International Inc.	X															X						X									P, S
	Applied Materials Inc	X															X						X									P, S
	BP Amoco						X							X											X							n/a
	Boulder Electric	X												X									X									S
	Bank of America Corp						X							X										X								P, S
	Barclays PLC						X							X										X								P
	Bausch & Lomb, Inc					X															X											P
	Baxter Int'l	X																			X											P, S
	Bell South	X																			X											P, S
	Best Buy						X							X			X							X								P, S
	Biomet, Inc	X																			X											P, S
	Caterpillar, Inc.						X							X										X								P, S
	Celestica, Inc.	X																			X											P, S
	Cephalon, Inc	X																			X											P, S
	Chevron Corp.						X							X			X									X						P, S
	Cisco Systems, Inc.	X																			X											P, S
	Citigroup						X							X												X						P
	Citrix Systems	X															X							X								P, S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chocola

Page 4 of 24

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Claire's Stores	X												X			X								X							P, S
	Clorox Co.	X												X									X									S
	Coach Inc					X											X							X								P, S
	Coca-Cola						X							X									X									P, S
	Colgate Palmolive	X												X									X									P, S
	Computer Sciences Corp						X														X											P
	Danaher Corp	X												X								X										P, S
	Deere & Co	X												X										X								P, S
	Dell Computer Corporation	X																			X											S
	Devon Energy Corp						X							X									X									n/a
	Diamonds Trust Series I	X															X									X						P, S
	Disney Company						X							X										X								P
	Dollar General Corp								X					X											X							P, S
	Dover Corp	X												X										X								S
	Ecolab, Inc					X								X									X									n/a
	Emerson Electric						X							X												X						n/a
	Estee Lauder	X																			X											P, S
	Exxon Mobil						X							X											X							n/a
	Fedex Corporation	X												X								X										P, S
	Flextronics	X																			X											P, S
	Flowserve Corp	X																			X											S
	Forest Labs, Inc	X																			X											P, S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chocola

Page 5 of 26

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Gap, Inc.	X																			X										P, S
	General Electric						X							X											X						P, S
	Genuine Parts	X																			X										S
	Goldman Sachs Group Inc	X												X			X										X				P, S
	Hain Celestial Group Inc					X															X										P
	Harley Industries	X																			X										S
	Hewlett-Packard	X												X			X									X					P, S
	Home Depot						X														X										P, S
	Illinois Tool Works						X							X									X								P, S
	Ingersoll-Rand						X							X								X									P, S
	Int'l Business Machines						X							X									X								P, S
	Intel Corp					X								X										X							P, S
	International Paper Co.	X																			X										S
	Intuit Inc.	X															X										X				P, S
	Johnson & Johnson						X							X											X						n/a
	Kennametal, Inc	X												X			X									X					P, S
	Kerr McGee Corp	X												X			X										X				S
	Knight Transportation Inc.	X												X			X									X					P, S
	Kraft Foods Inc	X																			X										S
	L-3 Communications Holdings	X												X									X								S
	Lockheed Martin Corp	X																			X										S
	Louisiana Pacific Corp						X							X									X								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chocola

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Musicq Corp	X												X			X						X								P, S
	Medtronic Ventures	X																			X										P, S
	Medtronic Pharmaceutical Corp	X												X			X						X								P, S
	Medtronic, Inc	X												X			X									X					S
	Microsoft Corp	X												X										X							P, S
	Minnesota Mining & Mfg	X																			X										P, S
	Morgan Stanley						X														X										P, S
	NASDAQ 100 Index	X												X									X								P, S
	Nanogen, Inc	X																			X										S
	Nike, Inc	X												X			X									X					P, S
	Oracle Systems	X																			X										P, S
	Pfizer Pharmaceutical	X																			X										P, S
	Parker Hannifin Corp						X							X									X								P
	Paychex, Inc	X															X									X					P, S
	Pfizer	X												X										X							P, S
	Pharmaceutical Holders Trust	X												X										X							P, S
	Procter & Gamble						X														X										P
	Qlogic Corp	X																			X										P, S
	Regional Bank Holders Trust	X												X			X								X						P, S
	Robert Half International	X												X			X										X				P, S
	SBC Communications	X												X										X							S
	Saint John knits	X																		Class action settlement		X									n/a

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chocola

Page 7 of 26

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Sara lee Corp	X												X										X								P, S
	Schlumberger LTD	X																			X											S
	Schwab Corporation	X																			X											S
	Semiconductor Holders Trust					X								X								X										P, S
	Sherwin Williams Co.	X												X									X									P, S
	Sigma-Aldrich						X							X									X									P
	Software Holders Trust						X							X										X								P, S
	Sony Corp						X														X											P
	Standard & Poors Depository	X															X									X						P, S
	Stelbuches Corp.						X														X											n/a
	Steelcase, Inc.					X								X									X									P
	Stora Enso Oyj	X												X										X								P, S
	Symantec Corp	X																			X											P, S
	Technology Select Sec SPDR Fund	X															X						X									P, S
	US Bancorp						X							X											X							P
	Walgreen Company						X							X			X										X					S
	Walmart Stores							X						X										X								P, S
	Wells Fargo Company	X												X									X									P, S
	Werner Enterprises	X												X									X									P, S
	Weyerhaeuser	X												X									X									P, S
	Pan Pacific Retail	X															X									X						S
	Thai Fund Inc.			X										X									X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chocola

Page 8 of 24

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Vanguard European Stock Index						X							X											X							P
	iShares FTSE China Index Fund	X												X									X									P, S
	iShares MSCI Hong Kong Index Fund			X										X			X						X									P, S
	iShares MSCI Japan Index Fund						X							X									X									P, S
	iShares MSCI Singapore Index Fund			X										X			X						X									P, S
	iShares MSCI S. Korea Index Fund			X										X								X										P
	iShares MSCI Taiwan Index Fund			X										X			X						X									P, S
	iShares S&P Europe 350 Index						X										X						X									P, S
	iShares S&P Latin Am Index Fund	X															X						X									P, S
	Kerr-McGee April 75 Calls	X															X								X							P, S
	Indiana univ Rev 11/01/13						X									X									X							n/a
	Oklahoma City 3/01/04						X									X									X							n/a
	Connersville School Bldg 7/15/12						X									X										X						n/a
	Indiana State Hsg Fin Auth 1/1/14						X									X									X							n/a
	Sullivan MO School Dist 3/1/16						X									X									X							n/a
	Plainfield Dr High School 7/15/14					X										X							X									P
	US Treas Note 11/15/06	X														X							X									P, S
	Fed Home Loan Bank 2/13/09	X														X									X							S
	Fed Home Loan Bank 6/12/06	X														X						X										S
	Fed Home Loan Bank 5/10/12	X														X									X							S
	Fed Farm Credit Bank 11/29/15							X								X											X					n/a
	Kinder Morgan Energy Partners				X																X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chocola

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	US Treasury Notes 5/31/05	X														X	X							X							S
	US Treasury Notes 11/30/05	X														X	X										X				PS
	US Treasury Notes 8/31/06								X							X										X					P
	US Treasury Notes 11/15/06							X								X								X							P
	Berkshire Hathaway B							X													X										n/a
	Emmis Communications							X									X								X						S
	Fifth Third							X						X											X						n/a
	HNI Corp	X												X			X										X				S
	Lumar Corp								X												X										n/a
	Leggett and Platt	X												X										X							S
	Mercury General							X						X											X						n/a
	Mohawk Industries							X													X										P
	Sysco Corp.							X						X											X						P
	TJX Cos. Inc.						X							X									X								P
	S&P 500 Index Puts				X																X										P
	Pleasant Street Homes Bristol IN						X							X											X						n/a
	Pinnacle Bldg Systems						X														X										n/a
	Pinnacle Real Estate						X							X													X				n/a
	Quail Run Ltd				X									X										X							n/a
	Elkhart County IN Farm Land to pay						X								X									X							n/a
	American Securities Plat LP									X				X														X			n/a
	Capital National Bank			X										X			X											X			S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Christopher Chacola

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Emmit County MI Res Lot									X											X											P
	Emmit County MI Res Lot	X															X												X			S
	Elkhart Stratoplex Dividend				X																X											n/a
	Cash : Equivalents									X						X												X				n/a
	Alternative Capital Hedge Fund								X												X											n/a

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Name Joseph Christopher Chocola | Page 11 of 26

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	Capital National Bank		X		4/12/05					X					
	Summit County MI Residential Lot		X		7/29/05							K			
	Summit County MI Residential Lot	X			8/9/05							K			
	See attached														

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
PURCHASES					
12-20-05	12-23-05	4,500	Accenture Ltd.	28.47	128,137.50
12-30-05	01-05-06	785	Accenture Ltd.	28.93	22,710.05
04-19-05	04-22-05	1,350	Allergan Inc.	73.17	98,777.34
10-13-05	10-18-05	1,250	Allergan Inc.	87.22	109,029.63
09-08-05	09-13-05	5,750	Allianz Aktiengesell	13.62	78,315.00
09-14-05	09-19-05	2,250	Allianz Aktiengesell	12.96	29,160.00
03-15-05	03-18-05	1,250	Amer International Group	61.97	77,462.50
03-16-05	03-21-05	500	Amer International Group	63.13	31,565.00
09-08-05	09-13-05	4,000	American Power Conversion	26.28	105,124.40
11-03-05	11-08-05	2,000	Amgen Inc.	76.35	152,691.40
11-10-05	11-16-05	3,000	Applebee's International Inc.	22.84	68,511.90
02-08-05	02-11-05	4,000	Applied Materials Inc.	17.00	68,000.00
02-10-05	02-15-05	1,000	Applied Materials Inc.	16.76	16,755.80
03-23-05	03-29-05	1,000	Applied Materials Inc.	16.36	16,360.00
01-19-05	01-24-05	500	Bank of America Corp.	45.34	22,670.15
06-06-05	06-09-05	500	Bank of America Corp.	45.73	22,865.00
12-14-05	12-19-05	2,900	Bank of America Corp.	46.98	136,247.22
07-11-05	07-14-05	2,500	Barclays PLC	39.80	99,511.75
12-29-05	01-04-06	1,200	Bausch & Lomb Inc.	68.18	81,818.52
01-06-05	01-11-05	2,500	Baxter Int'l	35.25	88,120.75
07-25-05	07-28-05	1,500	Bell South	27.14	40,710.00
10-26-05	10-31-05	2,850	Best Buy	44.35	126,403.77
10-26-05	10-31-05	150	Best Buy	44.35	6,652.50
10-27-05	11-01-05	435	Best Buy	43.09	18,745.63
07-13-05	07-18-05	2,000	Biomet, Inc.	35.63	71,263.00
05-02-05	05-05-05	1,000	Caterpillar Inc.	87.89	87,886.70
07-21-05	07-26-05	850	Caterpillar Inc.	53.16	45,186.00
10-21-05	10-26-05	650	Caterpillar Inc.	49.06	31,887.44
03-01-05	03-04-05	6,500	Celestica Inc.	13.23	85,998.25
02-22-05	02-25-05	500	Cephalon Inc.	50.53	25,263.00
04-15-05	04-20-05	500	Chevron Corp.	52.97	26,484.50
06-24-05	06-29-05	500	Chevron Corp.	57.70	28,850.00
12-30-05	01-05-06	350	Chevron Corp.	56.92	19,920.78
05-20-05	05-25-05	3,750	Cisco Systems Inc.	19.46	72,979.50
05-24-05	05-27-05	1,500	Cisco Systems Inc.	19.96	29,934.30
05-27-05	06-02-05	750	Cisco Systems Inc.	19.88	14,910.00
11-02-05	11-07-05	350	Citigroup	45.62	15,967.00
08-22-05	08-25-05	2,750	Citrix Systems	23.66	65,068.85
08-24-05	08-29-05	1,250	Citrix Systems	24.02	30,021.75
01-07-05	01-12-05	3,000	Claire's Stores	20.27	60,809.10
03-03-05	03-08-05	1,200	Claire's Stores	23.35	28,020.00
10-04-05	10-07-05	2,750	Coach Inc.	30.95	85,112.50
11-08-05	11-14-05	250	Coach Inc.	34.10	8,524.00
11-28-05	12-01-05	3,000	Coca-Cola	43.22	129,648.00
11-30-05	12-05-05	750	Coca-Cola	43.10	32,324.48

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
01-20-05	01-25-05	1,500	Colgate Palmolive	50.14	75,208.50
02-18-05	02-24-05	500	Colgate Palmolive	53.51	26,755.00
11-22-05	11-28-05	1,900	Computer Sciences Corp.	48.89	92,899.55
11-28-05	12-01-05	825	Computer Sciences Corp.	48.71	40,184.18
07-11-05	07-14-05	2,000	Danaher Corp.	53.32	106,637.60
07-21-05	07-26-05	900	Danaher Corp.	53.40	48,062.34
03-04-05	03-09-05	1,500	Deere & Co.	71.74	107,606.70
04-22-05	04-27-05	500	Deere & Co.	64.92	32,457.55
11-01-05	11-04-05	2,500	Diamonds Trust Series I	104.20	260,500.00
12-06-05	12-09-05	4,125	Disney Company	25.28	104,276.29
12-27-05	12-30-05	2,485	Disney Company	24.30	60,381.03
02-28-05	03-03-05	3,000	Dollar General Corp.	21.21	63,629.70
07-28-05	08-02-05	4,500	Dollar General Corp.	20.42	91,890.00
07-19-05	07-22-05	2,650	Estee Lauder	37.78	100,129.19
05-09-05	05-12-05	1,500	FedEx Corporation	87.82	131,727.30
09-08-05	09-13-05	1,500	FedEx Corporation	80.18	120,270.00
03-01-05	03-04-05	1,500	Flextronics	13.55	20,325.00
03-07-05	03-10-05	2,800	Flextronics	13.98	39,141.20
03-16-05	03-21-05	1,700	Flextronics	12.08	20,539.23
02-07-05	02-10-05	2,575	Forest Labs, Inc.	41.88	107,830.96
12-02-05	12-07-05	5,250	Gap, Inc.	17.90	93,951.38
08-08-05	08-11-05	500	General Electric	33.90	16,950.00
06-10-05	06-15-05	1,250	Goldman Sachs Group Inc.	99.40	124,252.63
06-24-05	06-29-05	250	Goldman Sachs Group Inc.	103.19	25,797.50
09-30-05	10-05-05	3,500	Hain Celestial Group, Inc.	19.49	68,206.95
04-22-05	04-27-05	3,000	Hewlett-Packard	20.94	62,820.00
04-26-05	04-29-05	500	Hewlett-Packard	20.66	10,330.00
06-02-05	06-07-05	650	Hewlett-Packard	22.66	14,727.00
08-17-05	08-22-05	2,850	Home Depot	40.81	116,304.51
12-07-05	12-12-05	3,175	Home Depot	41.66	132,279.71
12-15-05	12-20-05	600	Home Depot	42.30	25,379.64
08-09-05	08-12-05	1,000	Illinois Tool Works	86.22	86,220.00
09-08-05	09-13-05	500	Illinois Tool Works	85.00	42,500.00
10-26-05	10-31-05	1,225	Illinois Tool Works	82.01	100,462.25
10-28-05	11-02-05	275	Illinois Tool Works	82.93	22,806.93
11-03-05	11-08-05	300	Illinois Tool Works	85.09	25,527.00
05-02-05	05-05-05	1,250	Ingersoll-Rand	77.09	96,365.63
05-04-05	05-09-05	350	Ingersoll-Rand	77.95	27,282.14
10-26-05	10-31-05	2,750	Ingersoll-Rand	38.35	105,457.28
10-28-05	11-02-05	500	Ingersoll-Rand	37.42	18,710.00
11-03-05	11-08-05	750	Ingersoll-Rand	38.35	28,761.38
11-01-05	11-04-05	1,500	Int'l Business Machines	81.68	122,517.30
11-15-05	11-18-05	300	Int'l Business Machines	85.63	25,689.00
02-08-05	02-11-05	1,000	Intel Corp.	23.51	23,509.30
07-11-05	07-14-05	750	Intel Corp.	27.63	20,722.50
09-16-05	09-21-05	2,750	Intuit Inc.	45.04	123,870.18
08-09-05	08-12-05	2,000	Kennametal, Inc.	46.68	93,350.20

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
12-28-05	01-03-06	1,000.00	Kinder Morgan Energy Partners L.P.	47.82	47,820.00
07-22-05	07-27-05	2,500	Knight Transportation Inc.	24.57	61,423.50
07-26-05	07-29-05	1,750	Knight Transportation Inc.	24.04	42,069.65
09-28-05	10-03-05	750	Knight Transportation Inc.	23.26	17,442.08
11-03-05	11-08-05	3,000	Louisiana-Pacific Corp.	25.55	76,658.70
11-07-05	11-10-05	1,025	Louisiana-Pacific Corp.	25.52	26,158.00
06-29-05	07-05-05	3,150	Masco Corp.	32.16	101,292.66
11-14-05	11-17-05	2,250	MeadWestvaco	26.74	60,172.43
03-24-05	03-30-05	2,000	Medicis Pharmaceutical Corp.	29.36	58,717.40
04-07-05	04-12-05	500	Medicis Pharmaceutical Corp.	28.10	14,051.15
04-21-05	04-26-05	500	Medicis Pharmaceutical Corp.	28.95	14,475.00
10-13-05	10-18-05	3,000	Medicis Pharmaceutical Corp.	30.63	91,879.50
11-01-05	11-04-05	750	Medicis Pharmaceutical Corp.	29.75	22,312.50
02-10-05	02-15-05	3,000	Microsoft Corp.	26.12	78,358.80
06-02-05	06-07-05	650	Microsoft Corp.	25.88	16,820.00
08-09-05	08-12-05	2,000	Microsoft Corp.	27.35	54,696.80
05-18-05	05-23-05	1,500	Minnesota Mining & Mfg.	78.23	117,349.65
06-22-05	06-27-05	500	Minnesota Mining & Mfg.	78.50	39,250.00
08-11-05	08-16-05	2,500	Morgan Stanley	53.86	134,645.25
10-26-05	10-31-05	2,400	Morgan Stanley	53.71	128,909.28
11-01-05	11-04-05	375	Morgan Stanley	53.87	20,201.25
11-02-05	11-07-05	500	Morgan Stanley	53.40	26,698.65
03-23-05	03-29-05	5,000	NASDAQ 100 Index	36.40	181,990.50
04-04-05	04-07-05	5,000	NASDAQ 100 Index	36.52	182,600.00
05-26-05	06-01-05	1,500	NASDAQ 100 Index	38.25	57,376.50
06-02-05	06-07-05	3,500	NASDAQ 100 Index	38.54	134,890.00
06-06-05	06-09-05	2,500	NASDAQ 100 Index	38.13	95,325.00
09-09-05	09-14-05	5,000	NASDAQ 100 Index	39.65	198,250.00
09-23-05	09-28-05	1,235	Nike, Inc.	80.24	99,101.22
10-12-05	10-17-05	625	Nike, Inc.	82.24	51,400.00
10-21-05	10-26-05	640	Nike, Inc.	83.80	53,630.78
06-02-05	06-07-05	2,500	Oracle Systems	13.01	32,515.50
06-30-05	07-06-05	2,250	Oracle Systems	13.47	30,307.50
07-08-05	07-13-05	1,000	Oracle Systems	13.57	13,570.00
02-22-05	02-25-05	750	Par Pharmaceutical	39.32	29,490.08
11-03-05	11-08-05	1,250	Parker Hannifin Corp.	65.07	81,334.63
11-07-05	11-10-05	325	Parker Hannifin Corp.	65.30	21,220.94
12-01-05	12-06-05	425	Parker Hannifin Corp.	70.39	29,915.75
12-08-05	12-13-05	350	Parker Hannifin Corp.	68.67	24,032.86
08-09-05	08-12-05	2,650	Paychex, Inc.	34.71	91,992.90
04-05-05	04-08-05	3,500	Pfizer	26.88	94,097.15
04-18-05	04-21-05	500	Pfizer	27.68	13,840.00
04-21-05	04-26-05	1,000	Pfizer	27.05	27,048.90
04-07-05	04-12-05	1,000	Pharmaceutical Holders Trust	73.21	73,206.80
04-21-05	04-26-05	1,000	Pharmaceutical Holders Trust	74.25	74,250.00
10-13-05	10-18-05	5,150	Pharmaceutical Holders Trust	69.51	357,968.78
06-30-05	07-19-05	100,000	Plainfield IN High School AAA/AAA	99.50	99,500.00

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
			(C 1-15-17 @ 100) FGIC 4.047% YTM 4.000% Due 07-15-19		
11-01-05	11-04-05	2,250	Procter & Gamble	56.12	126,264.38
11-01-05	11-04-05	400	Procter & Gamble	56.18	22,472.00
08-22-05	08-25-05	2,250	Qlogic Corp.	34.11	76,737.83
08-24-05	08-29-05	1,000	Qlogic Corp.	35.25	35,246.30
05-10-05	05-13-05	1,400	Regional Bank Holders Trust	134.32	188,048.00
06-02-05	06-07-05	350	Regional Bank Holders Trust	135.75	47,513.50
07-12-05	07-15-05	2,750	Robert Half International	26.81	73,719.53
07-13-05	07-18-05	400	Robert Half International	28.37	11,347.48
08-08-05	08-11-05	1,975	Robert Half International	32.85	64,870.26
01-19-05	01-24-05	750	Sara Lee Corp.	24.46	18,345.00
04-18-05	04-21-05	750	Sara Lee Corp.	21.68	16,256.48
03-01-05	03-04-05	3,000	Semiconductor Holders Trust	34.65	103,951.20
12-02-05	12-07-05	4,000	Semiconductor Holders Trust	39.13	156,507.20
12-29-05	01-04-06	1,400	Semiconductor Holders Trust	37.29	52,210.76
06-22-05	06-27-05	2,500	Sherwin Williams Co.	47.06	117,650.00
06-24-05	06-29-05	750	Sherwin Williams Co.	46.22	34,665.00
07-21-05	07-26-05	500	Sherwin Williams Co.	48.63	24,315.90
07-08-05	07-13-05	2,250	Sigma-Aldrich	57.67	129,753.45
08-08-05	08-11-05	250	Sigma-Aldrich	62.41	15,603.30
01-07-05	01-12-05	1,500	Software Holders Trust	38.42	57,630.00
12-29-05	01-04-06	2,250	Software Holders Trust	37.61	84,622.50
12-30-05	01-05-06	1,965	Software Holders Trust	37.42	73,522.44
11-28-05	12-01-05	2,500	Sony Corp.	37.27	93,175.00
01-12-05	01-17-05	750	Standard & Poors Depository Receipts	118.12	88,590.00
04-22-05	04-27-05	4,000	Standard & Poors Depository Receipts	115.85	463,394.80
09-22-05	09-27-05	3,320	Standard & Poors Depository Receipts	121.41	403,065.26
09-29-05	10-04-05	1,255	Standard & Poors Depository Receipts	121.51	152,495.05
12-23-05	12-29-05	500	Standard & Poors Depository Receipts	126.75	63,377.10
12-02-05	12-07-05	3,500	Steelcase, Inc.	15.10	52,833.55
12-05-05	12-08-05	1,000	Steelcase, Inc.	15.01	15,013.60
03-01-05	03-04-05	4,000	Stora Enso Oyj	15.37	61,480.80
08-22-05	08-25-05	2,000	Symantec Corp.	21.23	42,460.00
09-08-05	09-13-05	500.0000	Thai Fund Inc.	10.10	5,050.00
11-08-05	11-14-05	500.0000	Thai Fund Inc.	9.10	4,550.00
07-11-05	07-14-05	5,000	The Technology Select Sec SPDR Fund	20.64	103,200.00
07-20-05	07-25-05	2,350	The Technology Select Sec SPDR Fund	20.99	49,326.03
02-17-05	02-18-05	200,000	U. S. Treasury Note 3.500% Due 11-15-06	100.30	200,593.76
02-23-05	02-24-05	300,000	U. S. Treasury Note 3.500% Due 11-15-06	100.19	300,562.50
01-07-05	01-12-05	1,850	US Bancorp	30.82	57,017.00
06-02-05	06-07-05	1,650	US Bancorp	29.54	48,739.68

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
01-11-05	01-12-05	3,457.1320	Vanguard European Stock Index Fund	25.31	87,500.00
01-24-05	01-25-05	3,477.7420	Vanguard European Stock Index Fund	25.16	87,500.00
02-11-05	02-16-05	750	Walmart Stores	52.25	39,187.50
03-24-05	03-30-05	500	Walmart Stores	50.86	25,430.00
06-14-05	06-17-05	500	Walmart Stores	49.16	24,580.00
06-02-05	06-07-05	1,525	Wells Fargo & Company	61.76	94,184.00
07-26-05	07-29-05	5,000	Werner Enterprises	19.30	96,479.50
09-27-05	09-30-05	1,250	Werner Enterprises	16.52	20,654.25
04-21-05	04-26-05	1,500	Weyerhaeuser	64.21	96,320.25
06-02-05	06-07-05	250	Weyerhaeuser	64.72	16,180.78
01-10-05	01-13-05	2,000.0000	World Equity Benchmark Shares - Malaysia	7.36	14,720.00
01-10-05	01-13-05	275.0000	iShares FTSE China Index Fund	52.60	14,465.50
11-11-05	11-16-05	200.0000	iShares MSCI Brazil Index Fund	32.85	6,570.00
09-08-05	09-13-05	350.0000	iShares MSCI Germany Index Fund	20.03	7,010.28
01-10-05	01-13-05	1,200.0000	iShares MSCI Hong Kong Index Fund	11.60	13,919.16
05-31-05	06-03-05	1,000.0000	iShares MSCI Japan Index Fund	10.21	10,210.00
01-10-05	01-13-05	2,400.0000	iShares MSCI Singapore Index Fund	7.27	17,448.00
03-07-05	03-10-05	225.0000	iShares MSCI South Korea Index Fund	34.55	7,773.49
01-10-05	01-13-05	1,200.0000	iShares MSCI Taiwan Index Fund	11.56	13,872.00
03-07-05	03-10-05	225.0000	iShares MSCI Taiwan Index Fund	12.68	2,853.50
05-31-05	06-03-05	100.0000	iShares MSCI Taiwan Index Fund	12.37	1,237.00
09-30-05	10-05-05	350.0000	iShares MSCI Taiwan Index Fund	11.85	4,148.50
11-08-05	11-14-05	500.0000	iShares MSCI Taiwan Index Fund	11.17	5,585.00
06-13-05	06-16-05	240.0000	iShares S&P Europe 350 Index	74.08	17,778.80
12-23-05	12-29-05	1,250.0000	iShares S&P Europe 350 Index	81.05	101,312.50
01-10-05	01-13-05	200.0000	iShares S&P Latin American Index	76.34	15,268.00
					13,926,229.38
REINVESTED DIVIDENDS					
12-23-05	12-23-05	174.2430	Vanguard European Stock Index Fund	27.86	4,854.41
					4,854.41
SALES					
07-19-05	07-22-05	2,000	Abbott Labs	46.43	92,861.91
12-21-05	12-27-05	785	Accenture Ltd.	28.57	22,424.39
07-22-05	07-27-05	1,350	Allergan Inc.	85.62	115,584.73
11-03-05	11-08-05	1,250	Allergan Inc.	100.33	125,407.25
10-12-05	10-17-05	8,000	Allianz Aktiengesell	13.60	108,786.62
01-11-05	01-14-05	2,500	Aluminum Co. of America	29.70	74,247.55
03-17-05	03-22-05	1,750	Amer International Group	60.93	106,623.98
10-19-05	10-24-05	750	American Power Conversion	22.62	16,965.56
10-27-05	11-01-05	3,250	American Power Conversion	21.03	68,343.01
03-16-05	03-21-05	2,500	Amsouth Bancorp	25.08	62,706.43
02-22-05	02-25-05	500	Anadarko Petroleum Corp.	70.73	35,363.83
12-06-05	12-09-05	3,000	Applebee's International Inc.	23.03	69,104.50

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
09-26-05	09-29-05	6,000	Applied Materials Inc.	16.94	101,668.73
05-24-05	05-27-05	1,250	Baldor Electric Co.	25.25	31,565.55
07-05-05	07-08-05	2,000	Baldor Electric Co.	25.08	50,155.09
08-09-05	08-12-05	3,250	Bank of America Corp.	42.74	138,913.16
03-24-05	03-30-05	500	Baxter Int'l	33.85	16,924.44
04-01-05	04-06-05	2,000	Baxter Int'l	33.73	67,457.17
11-07-05	11-10-05	1,500	Bell South	25.69	38,533.38
12-07-05	12-12-05	435	Best Buy	49.25	21,423.55
03-31-05	04-05-05	500	Biomet, Inc.	35.91	17,956.60
04-01-05	04-06-05	2,500	Biomet, Inc.	35.19	87,978.81
09-14-05	09-19-05	2,000	Biomet, Inc.	36.28	72,559.56
02-22-05	02-25-05	2,000	Caterpillar Inc.	89.93	179,854.07
10-11-05	10-14-05	500	Caterpillar Inc.	55.99	27,993.82
11-15-05	11-18-05	500	Caterpillar Inc.	55.70	27,848.83
04-15-05	04-20-05	4,000	Celestica Inc.	11.11	44,455.32
04-19-05	04-22-05	2,500	Celestica Inc.	11.33	28,323.80
05-04-05	05-09-05	750	Cephalon Inc.	43.80	32,850.65
05-10-05	05-13-05	1,500	Cephalon Inc.	45.29	67,942.35
08-19-05	08-24-05	500	Chevron Corp.	59.93	29,963.74
08-11-05	08-16-05	2,000	Cisco Systems Inc.	17.93	35,858.49
10-24-05	10-27-05	2,000	Cisco Systems Inc.	17.00	33,998.57
11-17-05	11-22-05	2,000	Cisco Systems Inc.	17.28	34,558.55
10-19-05	10-24-05	4,000	Citrix Systems	24.06	96,231.16
03-15-05	03-18-05	1,200	Claire's Stores	22.78	27,341.33
05-19-05	05-24-05	3,000	Claire's Stores	23.14	69,424.28
07-21-05	07-26-05	1,500	Clorox Co.	54.96	82,436.54
12-01-05	12-06-05	500	Coach Inc.	35.11	17,554.26
12-15-05	12-20-05	600	Coca-Cola	41.09	24,656.26
12-30-05	01-05-06	650	Coca-Cola	40.37	26,237.35
05-09-05	05-12-05	2,000	Colgate Palmolive	48.89	97,775.90
11-03-05	11-08-05	2,900	Danaher Corp.	53.20	154,268.03
08-16-05	08-19-05	2,000	Deere & Co.	66.23	132,455.05
02-14-05	02-17-05	500	Dell Computer Corporation	39.74	19,871.04
08-19-05	08-24-05	1,250	Dell Computer Corporation	36.54	45,674.96
11-15-05	11-18-05	2,500	Diamonds Trust Series I	107.21	268,013.78
05-26-05	06-01-05	3,000	Dollar General Corp.	19.71	59,115.22
08-09-05	08-12-05	1,250	Dollar General Corp.	19.00	23,750.50
08-25-05	08-30-05	3,250	Dollar General Corp.	19.03	61,844.90
02-15-05	02-18-05	750	Dover Corp.	38.58	28,935.17
02-16-05	02-22-05	750	Dover Corp.	38.65	28,985.49
02-22-05	02-25-05	1,000	Dover Corp.	37.33	37,331.06
09-20-05	09-23-05	2,650	Estee Lauder	36.43	96,539.43
06-28-05	07-01-05	1,500	FedEx Corporation	80.85	121,275.47
09-19-05	09-22-05	1,500	FedEx Corporation	78.77	118,152.00
05-02-05	05-03-05	200,000	Federal Home Loan Bank (C 5-10-07, continuously thereafter) 6.000% Due 05-10-12	102.80	205,600.00

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
01-10-05	01-11-05	100,000	Federal Home Loan Bank (C 9-12-06, continuously thereafter) 6.000% Due 09-12-11	103.50	103,500.00
08-11-05	08-12-05	100,000	Federal Home Loan Bank (NC) 5.250% Due 02-13-09	102.27	102,272.00
06-20-05	06-23-05	2,000	Flextronics	13.41	26,818.87
07-05-05	07-08-05	4,000	Flextronics	13.03	52,121.00
02-11-05	02-16-05	3,000	Flowserve Corp.	24.19	72,564.90
04-06-05	04-11-05	1,000	Forest Labs, Inc.	34.66	34,662.64
04-07-05	04-12-05	1,575	Forest Labs, Inc.	33.17	52,240.40
12-22-05	12-28-05	5,250	Gap, Inc.	17.68	92,831.32
12-05-05	12-08-05	500	General Electric	35.56	17,779.25
01-11-05	01-14-05	250	Genuine Parts	42.62	10,653.94
01-27-05	02-01-05	500	Genuine Parts	41.80	20,900.71
02-11-05	02-16-05	500	Genuine Parts	43.81	21,905.07
02-17-05	02-23-05	1,000	Genuine Parts	43.66	43,664.76
10-07-05	10-13-05	1,500	Goldman Sachs Group Inc.	117.38	176,072.08
02-16-05	02-22-05	2,000	Herley Industries	18.45	36,904.58
07-28-05	08-02-05	4,150	Hewlett-Packard	24.40	101,262.39
08-25-05	08-30-05	2,850	Home Depot	39.87	113,642.98
01-27-05	02-01-05	1,000	Illinois Tool Works	86.11	86,106.46
09-14-05	09-19-05	1,500	Illinois Tool Works	82.18	123,274.89
06-10-05	06-15-05	1,600	Ingersoll-Rand	74.01	118,414.08
04-15-05	04-20-05	1,250	Int'l Business Machines	76.75	95,934.36
12-29-05	01-04-06	2,000	Intel Corp.	24.99	49,980.06
01-20-05	01-25-05	1,500	International Paper Co.	39.43	59,143.05
11-17-05	11-22-05	2,750	Intuit Inc.	52.30	143,823.92
02-10-05	02-15-05	500	Kennametal, Inc.	48.85	24,426.89
02-14-05	02-17-05	1,000	Kennametal, Inc.	49.01	49,007.38
10-25-05	10-28-05	2,000	Kennametal, Inc.	50.23	100,469.19
04-15-05	04-20-05	500	Kerr McGee Corp.	77.60	38,798.37
06-17-05	06-22-05	2,000	Kerr McGee Corp.	75.84	151,682.45
10-20-05	10-25-05	5,000	Knight Transportation Inc.	25.50	127,485.15
03-01-05	03-04-05	3,000	Kraft Foods Inc.	33.49	100,461.58
03-21-05	03-24-05	2,000	L-3 Communications Holdings Inc.	72.44	144,872.42
01-06-05	01-11-05	625	Lockheed-Martin Corp.	54.53	34,080.08
01-07-05	01-12-05	1,000	Lockheed-Martin Corp.	54.28	54,278.21
08-02-05	08-05-05	3,150	Masco Corp.	32.16	101,307.94
01-06-05	01-11-05	2,500	MeadWestvaco	32.51	81,269.59
12-20-05	12-23-05	2,250	MeadWestvaco	27.81	62,569.87
07-20-05	07-25-05	1,500	Medicis Pharmaceutical Corp.	32.29	48,440.77
08-19-05	08-24-05	500	Medicis Pharmaceutical Corp.	34.89	17,444.26
08-25-05	08-30-05	1,000	Medicis Pharmaceutical Corp.	34.17	34,166.76
11-15-05	11-18-05	1,750	Medicis Pharmaceutical Corp.	26.66	46,661.09
11-17-05	11-22-05	2,000	Medicis Pharmaceutical Corp.	27.47	54,942.49
05-27-05	06-02-05	2,350	Medtronic, Inc.	53.28	125,202.75
12-29-05	01-04-06	5,650	Microsoft Corp.	26.34	148,816.41

Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
01-19-05	01-24-05	1,750	Minnesota Mining & Mfg.	82.41	144,217.65
06-23-05	06-28-05	2,000	Minnesota Mining & Mfg.	76.43	152,853.60
08-30-05	09-02-05	2,500	Morgan Stanley	50.71	126,781.44
04-20-05	04-25-05	10,000	NASDAQ 100 Index	34.56	345,585.52
05-31-05	06-03-05	1,500	NASDAQ 100 Index	38.00	56,999.26
07-05-05	07-08-05	4,500	NASDAQ 100 Index	36.93	166,173.09
07-06-05	07-11-05	1,500	NASDAQ 100 Index	36.99	55,486.27
10-07-05	10-13-05	5,000	NASDAQ 100 Index	38.28	191,391.98
01-31-05	02-03-05	5,000	Nanogen Inc.	5.05	25,253.65
02-22-05	02-25-05	5,000	Nanogen Inc.	4.29	21,451.28
12-20-05	12-23-05	400	Nike, Inc.	87.96	35,183.24
12-22-05	12-28-05	875	Nike, Inc.	85.34	74,669.68
12-27-05	12-30-05	1,225	Nike, Inc.	87.36	107,010.87
05-11-05	05-16-05	500	Oracle Systems	11.65	5,824.75
09-23-05	09-28-05	8,030	Oracle Systems	12.32	98,942.30
09-26-05	09-29-05	2,220	Oracle Systems	12.35	27,415.84
08-25-05	08-30-05	2,000	Pan Pacific Retail	65.89	131,772.88
02-24-05	03-01-05	1,000	Par Pharmaceutical	37.33	37,325.06
02-28-05	03-03-05	1,500	Par Pharmaceutical	37.05	55,575.56
10-07-05	10-13-05	2,650	Paychex, Inc.	37.75	100,042.59
08-19-05	08-24-05	1,000	Pfizer	25.89	25,888.91
10-11-05	10-14-05	1,000	Pfizer	24.03	24,028.99
11-14-05	11-17-05	1,500	Pfizer	22.39	33,585.24
11-15-05	11-18-05	1,500	Pfizer	21.94	32,908.62
05-18-05	05-23-05	1,500	Pharmaceutical Holders Trust	75.31	112,960.27
07-21-05	07-26-05	500	Pharmaceutical Holders Trust	72.63	36,313.47
11-02-05	11-07-05	1,150	Pharmaceutical Holders Trust	66.54	76,517.79
12-02-05	12-07-05	1,250	Pharmaceutical Holders Trust	66.83	83,534.00
12-06-05	12-09-05	250	Pharmaceutical Holders Trust	66.75	16,687.90
12-07-05	12-12-05	1,700	Pharmaceutical Holders Trust	66.61	113,235.32
12-08-05	12-13-05	265	Pharmaceutical Holders Trust	66.79	17,699.93
12-30-05	01-05-06	535	Pharmaceutical Holders Trust	69.66	37,266.95
10-10-05	10-13-05	3,250	Qlogic Corp.	32.90	106,928.65
07-26-05	07-29-05	700	Regional Bank Holders Trust	138.08	96,658.95
08-08-05	08-11-05	1,050	Regional Bank Holders Trust	134.68	141,418.58
07-22-05	07-27-05	400	Robert Half International	34.42	13,769.42
10-21-05	10-26-05	1,000	Robert Half International	36.30	36,300.77
10-31-05	11-03-05	1,000	Robert Half International	36.68	36,678.46
11-07-05	11-10-05	2,725	Robert Half International	37.80	102,992.51
02-02-05	02-07-05	4,000	SBC Communications	24.28	97,116.79
05-23-05	05-24-05	750	Sara Lee Corp.	21.01	15,756.83
07-12-05	07-15-05	4,000	Sara Lee Corp.	19.45	77,796.73
01-07-05	01-12-05	1,500	Schlumberger, LTD	63.63	95,441.85
01-31-05	02-03-05	5,000	Schwab Corporation	11.20	56,009.14
04-01-05	04-06-05	3,000	Semiconductor Holders Trust	31.93	95,785.98
12-14-05	12-19-05	3,150	Semiconductor Holders Trust	38.43	121,065.18
09-26-05	09-29-05	1,500	Sherwin Williams Co.	44.18	66,267.22

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Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
10-11-05	10-14-05	2,250	Sherwin Williams Co.	43.63	98,163.39
03-14-05	03-17-05	1,500	Software Holders Trust	35.24	52,862.30
01-31-05	02-03-05	750	Standard & Poors Depository Receipts	117.84	88,378.07
05-10-05	05-13-05	1,000	Standard & Poors Depository Receipts	116.54	116,537.12
05-27-05	06-02-05	1,500	Standard & Poors Depository Receipts	119.84	179,752.63
05-31-05	06-03-05	1,500	Standard & Poors Depository Receipts	119.54	179,317.49
09-30-05	10-05-05	500	Standard & Poors Depository Receipts	122.70	61,352.43
10-04-05	10-07-05	665	Standard & Poors Depository Receipts	121.54	80,823.45
10-06-05	10-12-05	3,410	Standard & Poors Depository Receipts	119.85	408,685.04
12-30-05	01-05-06	500	Standard & Poors Depository Receipts	124.55	62,276.93
04-22-05	04-27-05	4,000	Stora Enso Oyj	13.35	53,407.75
08-24-05	08-29-05	2,000	Symantec Corp.	20.36	40,722.89
08-22-05	08-25-05	1,350	The Technology Select Sec SPDR Fund	20.65	27,876.33
09-06-05	09-09-05	6,000	The Technology Select Sec SPDR Fund	20.81	124,884.76
03-04-05	03-07-05	175,000	U. S. Treasury Note 3.500% Due 11-15-06	99.97	174,950.00
04-25-05	04-26-05	325,000	U. S. Treasury Note 3.500% Due 11-15-06	99.84	324,492.19
02-18-05	02-24-05	1,000	Walgreen Company	42.63	42,628.59
02-23-05	02-28-05	450	Walgreen Company	41.67	18,750.38
06-27-05	06-30-05	1,750	Walgreen Company	45.54	79,688.16
07-13-05	07-18-05	1,500	Walmart Stores	49.99	74,981.86
08-19-05	08-24-05	500	Walmart Stores	46.52	23,259.02
08-25-05	08-30-05	1,525	Wells Fargo & Company	59.51	90,748.95
10-20-05	10-25-05	6,250	Werner Enterprises	16.71	104,455.61
07-07-05	07-12-05	1,750	Weyerhaeuser	63.29	110,760.39
04-01-05	04-06-05	2,000.0000	World Equity Benchmark Shares - Malaysia	6.73	13,459.43
05-31-05	06-03-05	275.0000	iShares FTSE China Index Fund	54.38	14,953.37
12-16-05	12-21-05	200.0000	iShares MSCI Brazil Index Fund	33.25	6,649.71
10-28-05	11-02-05	350.0000	iShares MSCI Germany Index Fund	18.59	6,506.22
09-27-05	09-30-05	750.0000	iShares MSCI Hong Kong Index Fund	13.17	9,877.08
01-10-05	01-13-05	7,500.0000	iShares MSCI Japan Index Fund	10.55	79,122.37
12-14-05	12-19-05	800.0000	iShares MSCI Japan Index Fund	13.09	10,471.55
07-22-05	07-27-05	1,250.0000	iShares MSCI Singapore Index Fund	8.03	10,037.07
08-15-05	08-18-05	710.0000	iShares MSCI Singapore Index Fund	7.82	5,551.66
07-22-05	07-27-05	750.0000	iShares MSCI Taiwan Index Fund	12.53	9,397.10
08-15-05	08-18-05	775.0000	iShares MSCI Taiwan Index Fund	12.14	9,408.10
11-08-05	11-14-05	240.0000	iShares S&P Europe 350 Index	78.44	18,824.81
06-13-05	06-16-05	200.0000	iShares S&P Latin American Index	88.08	17,615.26
					13,795,730.95
SHORT SALES					
12-23-05	12-27-05	10	Anadarko Petroleum Corp. Jan. 90 Calls	5.42	5,420.83

Longer Investments Inc.

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
11-29-05	11-30-05	30	Best Buy January 45 Calls	6.28	18,851.06
12-02-05	12-05-05	25	Coach Inc. January 30 Calls	5.65	14,114.65
11-30-05	12-01-05	20	Devon Energy Corp. January 55 Calls	6.64	13,270.63
02-28-05	03-01-05	25	Kerr McGee Corp. April 75 Calls	4.06	10,143.66
05-26-05	05-27-05	24	Starbucks June 50 Calls	5.15	12,357.11
04-07-05	04-08-05	24	Starbucks May 50 Calls	1.97	4,726.39
					78,884.33
SHORT COVERS					
04-15-05	04-18-05	25	Kerr McGee Corp. April 75 Calls	3.04	7,595.00
06-17-05	06-20-05	24	Starbucks June 50 Calls	5.14	12,336.51
05-20-05	05-23-05	24	Starbucks May 50 Calls	5.15	12,360.68
					32,292.19
ADJUST CAPITAL					
05-12-05	05-12-05	1,250	Ingersoll-Rand	0.24	300.02
05-12-05	05-12-05	350	Ingersoll-Rand	0.24	84.01
11-09-05	11-09-05	2,750	Ingersoll-Rand	0.15	422.43
11-09-05	11-09-05	500	Ingersoll-Rand	0.15	76.81
11-09-05	11-09-05	750	Ingersoll-Rand	0.15	115.21
					998.48

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STATEMENT OF ACCOUNT

Martin Capital Management, LLP

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
PURCHASES					
09-22-05	09-27-05	400	MOHAWK INDUSTRIES, INC.	77.58	31,031.64
09-23-05	09-28-05	500	MOHAWK INDUSTRIES, INC.	77.67	38,836.35
09-26-05	09-29-05	300	MOHAWK INDUSTRIES, INC.	77.51	23,253.15
10-05-05	10-11-05	100	MOHAWK INDUSTRIES, INC.	77.77	7,777.26
05-27-05	05-31-05	13	S&P 500 INDEX PUTS 12/16/06@ 1050 (SPQXJ)	33.60	43,680.00
07-08-05	07-11-05	16	S&P 500 INDEX PUTS 12/16/06@ 1050 (SPQXJ)	28.50	45,600.00
12-30-05	12-30-05	29	S&P 500 INDEX PUTS 12/16/06@ 1050 (SPQXJ)	14.00	40,600.00
08-18-05	08-23-05	600	SYSCO CORP.	34.10	20,460.00
08-19-05	08-24-05	1,900	SYSCO CORP.	34.24	65,048.97
08-22-05	08-25-05	1,400	SYSCO CORP.	34.10	47,735.38
09-09-05	09-14-05	7,400	TJX COS., INC.	21.32	157,736.18
09-19-05	09-22-05	500	TJX COS., INC.	21.19	10,595.50
02-17-05	02-18-05	600,000	U.S. TREASURY NOTES 2.375% Due 08-31-06	98.68	592,078.12
05-19-05	05-20-05	1,100,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	99.34	1,092,781.25
08-05-05	08-08-05	75,000	U.S. TREASURY NOTES 2.375% Due 08-31-06	98.37	73,781.25
08-05-05	08-08-05	75,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	99.50	74,625.00
12-02-05	12-05-05	475,000	U.S. TREASURY NOTES 3.500% Due 11-15-06	99.17	471,066.41
09-08-05	09-13-05	1,100	WAL MART STORES	45.63	50,197.84
09-09-05	09-14-05	2,800	WAL MART STORES	45.83	128,315.32
09-13-05	09-16-05	2,200	WAL MART STORES	45.17	99,366.96
					3,114,566.58
SALES					
01-11-05	01-14-05	100	DOVER CORP.	38.75	3,875.42
01-11-05	01-14-05	1,100	DOVER CORP.	38.75	42,629.64
01-12-05	01-18-05	1,400	DOVER CORP.	39.05	54,666.24
01-12-05	01-18-05	1,200	DOVER CORP.	39.05	46,856.78
01-12-05	01-18-05	400	DOVER CORP.	39.05	15,618.92
01-12-05	01-18-05	700	DOVER CORP.	39.05	27,333.12
07-22-05	07-27-05	1,100	DOVER CORP.	41.00	45,102.51
07-22-05	07-27-05	1,700	DOVER CORP.	41.00	69,703.89

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STATEMENT OF ACCOUNT

Martin Capital Management, LLP

PURCHASE AND SALE

J. Christopher Chocola

From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
07-22-05	07-27-05	2,100	DOVER CORP.	41.00	86,104.80
09-29-05	10-04-05	1,100	EMMIS COMM.CL A	22.00	24,201.95
09-30-05	10-05-05	1,900	EMMIS COMM.CL A	22.09	41,971.33
10-03-05	10-06-05	100	EMMIS COMM.CL A	22.20	2,219.60
03-23-05	03-29-05	800	HNI CORP	44.85	35,880.81
04-15-05	04-20-05	600	HNI CORP	46.50	27,899.67
04-22-05	04-27-05	400	HNI CORP	50.54	20,216.39
04-26-05	04-29-05	1,100	HNI CORP	50.05	55,057.32
04-26-05	04-29-05	2,700	HNI CORP	50.05	135,140.68
04-27-05	05-02-05	2,300	HNI CORP	50.22	115,498.87
04-27-05	05-02-05	100	HNI CORP	50.22	5,021.69
04-27-05	05-02-05	400	HNI CORP	50.22	20,086.76
04-27-05	05-02-05	100	HNI CORP	50.22	5,021.69
04-28-05	05-03-05	2,400	HNI CORP	50.00	119,995.46
04-28-05	05-03-05	200	HNI CORP	50.00	9,999.62
01-11-05	01-14-05	400	LEGGETT AND PLATT	27.95	11,180.03
01-13-05	01-19-05	100	LEGGETT AND PLATT	28.10	2,809.90
01-14-05	01-20-05	300	LEGGETT AND PLATT	28.07	8,420.18
01-18-05	01-21-05	500	LEGGETT AND PLATT	28.03	14,015.03
01-19-05	01-24-05	800	LEGGETT AND PLATT	28.21	22,567.89
01-31-05	02-03-05	400	LEGGETT AND PLATT	28.33	11,330.38
02-01-05	02-04-05	800	LEGGETT AND PLATT	28.27	22,615.65
02-02-05	02-07-05	1,900	LEGGETT AND PLATT	28.32	53,804.70
02-03-05	02-08-05	1,400	LEGGETT AND PLATT	28.19	39,461.20
02-04-05	02-09-05	1,500	LEGGETT AND PLATT	28.28	42,421.00
02-04-05	02-09-05	1,500	LEGGETT AND PLATT	28.28	42,421.00
02-07-05	02-10-05	2,400	LEGGETT AND PLATT	28.54	68,498.06
02-07-05	02-10-05	700	LEGGETT AND PLATT	28.54	19,978.60
02-08-05	02-11-05	1,200	LEGGETT AND PLATT	28.60	34,316.23
02-09-05	02-14-05	800	LEGGETT AND PLATT	28.07	22,457.82
02-09-05	02-14-05	1,100	LEGGETT AND PLATT	28.07	30,879.50
02-10-05	02-15-05	700	LEGGETT AND PLATT	28.04	19,630.36
12-30-05	12-30-05	13	S&P 500 INDEX PUTS 12/16/06@ 1050 (SPQXJ)	14.00	18,200.00
12-30-05	12-30-05	16	S&P 500 INDEX PUTS 12/16/06@ 1050 (SPQXJ)	14.00	22,400.00
05-31-05	05-31-05	175,000	U.S. TREASURY NOTES 1.250% Due 05-31-05	100.00	175,000.00
09-12-05	09-13-05	200,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	99.62	199,250.00

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STATEMENT OF ACCOUNT

Martin Capital Management, LLP
PURCHASE AND SALE
J. Christopher Chocola
From 01-01-05 To 12-31-05

Trade Date	Settle Date	Quantity	Security	Unit Price	Amount
09-14-05	09-15-05	100,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	99.62	99,625.00
09-26-05	09-27-05	100,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	99.70	99,699.22
11-01-05	11-02-05	300,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	99.83	299,484.38
11-30-05	11-30-05	400,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	100.00	400,000.00
11-30-05	11-30-05	75,000	U.S. TREASURY NOTES 1.875% Due 11-30-05	100.00	75,000.00
					2,865,569.29

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Heritage Foundation	Feb 3-4	Wash DC-Baltimore-Wash DC	Y	Y	N	none

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Oakhaven Psychiatric Center
President	Bravo Capital, Inc.
Director	WNIT Public Television
Director	St Joseph County Red Cross
Board of Advisors	South Bend Center for the Homeless

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

8

HAND DELIVERED

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

HC

DONNA M. CHRISTENSEN
(Full Name)

1510 LONGWORTH HOB,
WASHINGTON, DC 20515
(Mailing Address)

202-225-1790
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: VIRGIN ISLANDS District: AT LARGE	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Donna M. Christensen	5-8-2006

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ARMED FORCES RETIREMENT PENSION	SPOUSE	NA
	SURVIVOR BENEFITS	SPOUSE	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DONNA M. CHRISTENSEN	Page 3 of 8

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DONNA M. CHRISTENSEN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B											Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp Stock					X								X										X							P
	Simon & Schuster		Indefinite																	Royalties									X		
	1st Bank of Paducah, KY accounts						X									X										X					
	OFFICE BUILDING 102 EST. RICHMOND, V.I.							✓							✓												✓				
	THREE BEDROOM CONDO EST. QUESTA VERDE, V.I.					✓															✓										
	.197 ACRES OF LAND 40ED EST. LaGRANGE, V.I.			✓																	✓										
	OFFICE BUILDING #42 COMPANY STREET, V.I.						✓														✓										

For additional assets and unearned income, use next page.

Name DONNA M. CHRISTENSEN | Page 5 of 8.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		X			10–12–05		X								
	NONE															

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Name DONNA M. CHRISTENSEN | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	V.I. COMMUNITY BANK, U.S. VIRGIN ISLANDS	MORTGAGE: 102 EST. RICHMOND U.S. VIRGIN ISLANDS				✓						
	V.I. COMMUNITY BANK, U.S. VIRGIN ISLANDS	BUSINESS LOAN	✓									
	FIRST BANK, U.S. VIRGIN ISLANDS	MORTGAGE: #E31 EST. QUESTA VERDE, U.S. VIRGIN ISLANDS		✓								
	U.S. TREASURY	TAXES		✓								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
AFRICAN CARIBBEAN REPARATIONS & RESETTLEMENT ALLIANCE (ACRRA)	APRIL 8-12	WASHINGTON DC-DENMARK-WASHINGTON DC	N	N	N	3 DAYS
ACADEMIC ALLIANCE FOUNDATION	OCT 27-28	WASHINGTON DC-NY-WASHINGTON	Y	N	N	NONE
CARIB NEWS ORGANIZATION	NOV 10-13	WASHINGTON DC-ST.THOMAS-WASHINGTON DC	Y	N	Y	NONE
AMERICAN LEGACY FOUNDATION	JULY 22-24	WASHINGTON DC- CHICAGO-WASHINGTON DC	Y	N	Y	NONE
INTER AMERICAN ECONOMIC COUNCIL	JUNE 3-4	ST.CROIX-FLORIDA-ST.THOMAS	Y	Y	N	NONE
CONGRESSIONAL BLACK CAUCUS FOUNDATION	JULY 15-16	WASHINGTON DC-OHIO-WASHINGTON DC	Y	Y	N	NONE
WAKE FOREST UNIV. STUDENT NATIONAL MEDICAL ASSOCIATION	APRIL 22-23	CALIFORNIA-NORTH CAROLINA-WASHINGTON DC	Y	N	N	NONE
CALIFORNIA BLACK HEALTH NETWORK	APRIL 21-22	WASHINGTON DC-ATLANTA-CALIFORNIA	Y	Y	N	NONE
THE FAITH & POLITICS INSTITUTE	MARCH 4-6	WASHINGTON DC-ALABAMA-WASHINGTON DC	Y	Y	Y	NONE
PUBLIC GOVERNANCE INSTITUTE	MARCH 7-8	WASHINGTON DC-MARYLAND-WASHINGTON DC	Y	N	N	NONE
INTER AMERICAN ECONOMIC COUNCIL	JAN 12-16	WASHINGTON DC-DOMINICAN REP ANTIGUA-WASHINGTON DC	Y	Y	Y	NONE

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER	VIRGIN ISLANDS MEDICAL INSTITUTE
MEMBER	BOARD OF THE INSTITUTE FOR THE ADVANCEMENT OF MULTICULTURAL & MINORITY MEDICINE
MEMBER	MAYA ANGELOU RESEARCH CENTER ON MINORITY HEALTH ADVISORY BOARD

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2006 25-628 (mec)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A Page 1 of

For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

Wm Lacy Clay
(Full Name)

6251 San Bonita Avenue St Louis, MO 63105
(Mailing Address)

(202) 225-2406
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: MO, District: 01	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wm. Lacy Clay	05-11-06

SCHEDULE I - EARNED INCOME

Name Wm Lacy Clay

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
St. Louis Development Corporation	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wm Lacy Clay

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	State of Missouri Deferred Comp. Plan (T.R. Price International Stock Fund)	$1,001 - $15,000		NONE	
SP	St. Louis Development Corp Empl Retirement Plan (General American)	$15,001 - $50,000		N/A	
SP	First Community Credit Union	$1,001 - $15,000	INTEREST	N/A	
	Wright Patmen Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Wm Lacy Clay

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
National League of Postmasters	Jul 31 - Aug 3, 2005	St. Louis, MO-San Juan, PR - St. Louis, MO	Y	Y	Y	none
Congressional Black Caucus Institute	August 11 - 14, 2005	St. Louis, MO - Tunica, MS - St. Louis, MO	Y	Y	Y	none
New York Carribean News	November 10- 13, 2005	Wash, DC - St. Thomas, US Virgin Islands - St. Louis, MO	Y	Y	Y	none

SCHEDULE VIII - POSITIONS

Name Wm Lacy Clay

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	William Lacy Clay Scholarship and Research Fund
Director	Congressional Black Caucus Foundation, Inc.
Director	Project Vote Smart

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

MAY 15 2006 9

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U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

Emanuel Cleaver, II
(Full Name)

8217 E. Gregory Kansas City, MO 64133
(Mailing Address)

202-225-4535
Daytime Telephone:

Filer Status ✓ Member of the U.S. House of Representatives — State: MO — District: 5th — Officer Or Employee — Employing Office:

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No

If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ✓ No

If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No

If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ✓ No

If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes No ✓

If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ✓ No

If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ✓ No

If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓

If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Emanuel Cleaver	05/15/06

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
St James-Paseo United Methodist Church, Kansas City, Missouri	Salary	$23,946
Saint Paul School of Theology, Kansas City, Missouri	Salary (already approved by Standards Committee for services provided in 2004)	$2,250
Institute Research & Reform in Education, Toms River, New Jersey	Spouse Salary	$64,043.64
School District of Kansas City Missouri, Kansas City, Missouri	Spouse Salary	$25,396.83
The Civic Council of Greater Kansas City, Kansas City, Missouri	Spouse Salary	$5,625
Hall Family Foundation, Kansas City, Missouri	Spouse Honorarium	$1,500

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Emanuel Cleaver, II

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Lawrence A. Jones Mortuary	Speech	Oct. 3, 2005	$50
Lawrence A. Jones Mortuary	Speech	Nov. 28, 2005	$50
Wesley O. Fields	Speech	Nov. 28, 2005	$100
St. Paul School of Theology	Speech	Apr. 4, 2005	$125
Lawrence A. Jones Mortuary	Speech	Apr. 4, 2005	$50
New Era District Association	Speech	Apr. 14, 2005	$500
Louisiana Annual Conference (United Methodist Conference)	Speech	Mar. 16, 2005	$2,000
Metropolitan Missionary Baptist	Speech	Mar. 16, 2005	$300
Missouri Annual Conference (UMC)	Speech	Jul. 13, 2005	$500
Walker Nadler-Fuller Funeral Home	Speech	Aug. 31, 2005	$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Allianz Life Insurance Company, Simple Retirement Plan	$1,001 - $15,000	Indivi/Other: (Individual Retirement Account)	NONE	
SP	Allianz Life Insurance Company, IRA Rollover Account	$100,001 - $250,000	Other: (Individual Retirement Account)	NONE	
JT	General Electric	$1,001 - $15,000	DIVIDENDS	NONE	
	General Board of Pension and Health Benefits of the United Methodist Church - Ministerial Pension Plan	$100,001 - $250,000	Other: (Pension Income)	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

JT	The Cleaver Co., LLC; Grandview, Missouri; The Grandview Auto Wash (Auto Laundry Business)	$100,001 - $250,000	PARTNERSHIP INCOME	NONE
SP	Kansas City, MO School District	$1,001 - $15,000	Other: (PENSION INCOME)	NONE

SCHEDULE IV - TRANSACTIONS

Name Emanuel Cleaver, II

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	The Northern Trust Company, FBO KC Missouri Employees	Other	Unknown	$18,322.20

SCHEDULE V - LIABILITIES

Name Emanuel Cleaver, II

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	FNMA Co-signed for Willoris McNeel (niece)	Student Loan	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Emanuel Cleaver, II

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
NYSE	Mar. 7-8, 2005	Wash., D.C. -- New York, N.Y.	N	N	Y	N/A

SCHEDULE VIII - POSITIONS

Name Emanuel Cleaver, II

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Past Board Member	UMKC Board of Trustees
Past Board Member	Brush Creek Partners
Past Board Member	Jazz District Redevelopment Committee
Past Board Member	American Jazz Museum
Past Board Member	Midwest Research Institute
Past LLC Member/Officer	The Cleaver Company, L.L.C.
Past Board Member	Rising Tide Foundation
Past Board Member	St. Luke's Hospital

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

James E. Clyburn
(Full Name)

1703 Gervais Street Columbia, SC 29201
(Mailing Address)

803-799-1100
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: SC, District: 6th	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☑ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James E. Clyburn	5/11/06

SCHEDULE I - EARNED INCOME

Name James E. Clyburn

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
South Carolina Retirement System (This income is not subject to the outside earned income limit)	Retirement from the State of South Carolina	$49,920
U.S. Department of Veterans Affairs	Retirement Income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Fort Jackson Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	South Carolina State Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	Bank of America	$1,001 - $15,000	INTEREST	$1 - $200	
	SCANA Corporation	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	Automated Data Processing	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Bank of America	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn

	645-47 W. Liberty Street Sumter, SC (50% ownership)	$50,001 - $100,000	RENT	$2,501 - $5,000	
	Bank of America	$15,001 - $50,000	IRA	NONE	
	Merrill Lynch, Columbia, SC	$15,001 - $50,000	IRA	NONE	
	Investment Entrepreneurs, LLC (10% Investment) Commerce Business Plaza Conway, S.C.	$100,001 - $250,000	Other: (Please specify) No Income	NONE	
	Wright-Patman Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Inter-American Economic Council	Jan. 12-16	Wash., D.C.--Punta Cana, Dominican Republic & St. Johns, Antigua--Wash.,D.C.	Y	Y	N	N/A
The Faith & Politics Inst.	Jan. 7-9	Columbia, S.C.--Moncks Corner, S.C.--Columbia,S.C.	Y	Y	Y	N/A
Assoc. Of American Railroad	Feb. 18-21	Columbia, S.C.--Orlando, FL--Columbia, S.C.	Y	Y	Y	N/A
Nat'l Cable & Telecommunications Assoc.	Apr. 1-4	Columbia, S.C.--San Francisco, C.A.--Columbia, S.C.	Y	Y	Y	N/A
North Carolina Democratic Party	Apr. 9	Columbia, S.C.--Raleigh, N.C.	N	Y	N	N/A
Kentucky League of Cities	Apr. 16	Columbia, S.C.--Louisville, KY--Columbia, S.C.	N	Y	N	N/A
Durham Committee on the Affairs of Black People	Aug. 27	Wash., D.C.--Raleigh, N.C.--Columbia, S.C.	Y	N	N	N/A

SCHEDULE VIII - POSITIONS

Name James E. Clyburn

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Allen University
Trustee	Brookgreen Gardens
Board Member	CBC PAC
Board Member	CBC Political Education & Leadership Institute
Board Member	Palmetto Conservation Foundation
Steering Committee	International African American Museum

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

John Howard Coble
(Full Name)

5741-L Bramblegate Road Greensboro, NC 27409
(Mailing Address)

202.225.3065
Daytime Telephone:

Filer Status	✓ Member of the U.S. House of Representatives	State: NC District: 06	Officer Or Employee Employing Office: Termination Date:
Report Type	✓ Annual (May 15)	☐ Amendment	☐ Termination

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐	No ✓
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ✓	No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ✓	No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ✓	No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes	No ✓
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐	No ✓
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ✓	No ☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes	No ✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Howard Coble	5-15-06

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
National Grocers Association	Attend reception	June 8, 2005	Order of groceries (value unknown)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Bank of America Common Stock	$1 - $1,000	DIVIDENDS	$1 - $200	S
Mainstay Map Mutual Fund	$1 - $1,000	DIVIDENDS	NONE	P
BB&T Large Company Value A Mutual Fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
BB&T Large Company Value B Mutual Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
BB&T Mid Cap Growth A Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
BB&T Mid Cap Growth B Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

BB&T NC Intermediate Tax Free Investment Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
BB&T Bank Savings Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
Wright Patman Federal Credit Union Savings Account	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
Wachovia Cap Asset Management Account	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Federated Bond Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Federated Large Cap Growth Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Federated American Leaders Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Bank of America Checking Account	$15,001 - $50,000	INTEREST	$1 - $200	
Bank of North Carolina Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Jefferson-Pilot Insurance Fixed Annuity	$1,001 - $15,000	DIVIDENDS	NONE	
Jefferson-Pilot Insurance Variable Annuity #1	$1,001 - $15,000	DIVIDENDS	NONE	S
Jefferson-Pilot Insurance Variable Annuity #2	$15,001 - $50,000	DIVIDENDS	NONE	
Hartford Insurance Variable Annuity	$1,001 - $15,000	DIVIDENDS	NONE	P
MassMutual Insurance Flex Extra Annuity	$50,001 - $100,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

MassMutual Insurance Transitions Annuity	$15,001 - $50,000	DIVIDENDS	NONE	
Phoenix Home Insurance Annuity	$15,001 - $50,000	DIVIDENDS	NONE	
State Employees Credit Union Savings Account	$1,001 - $15,000	INTEREST	$1 - $200	
Merrill Lynch Cash Management Account	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	PS
Merrill Lynch IRA	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
78 acre farm, Henry County, Virginia	$50,001 - $100,000	na	na	
House, Watauga County, North Carolina	$100,001 - $250,000	na	na	S
Condo, Watauga County, North Carolina	$250,001 - $500,000	na	na	P
Lexington State Bank Stock	$1,001 - $15,000	INTEREST	$1 - $200	
Sterling South Bank Stock	$1,001 - $15,000	DIVIDENDS	NONE	
Van Kampen Enterprise Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
Van Kampen Emerging Growth Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
Van Kampen Equity and Income Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Van Kampen Comstock Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

New World Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Capital World Growth and Income Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Yadkin Valley Bank and Trust Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
TransAmerica Insurance Non-Qualified Annuity #1	$1,001 - $15,000	DIVIDENDS	NONE	S
TransAmerica Insurance Non-Qualified Annuity #2	$1,001 - $15,000	DIVIDENDS	NONE	S
Fidelity & Guaranty Insurance Annuity	$1,001 - $15,000	DIVIDENDS	NONE	
Allianz Life Insurance Annuity	$15,001 - $50,000	DIVIDENDS	NONE	P
Dreyfuss Premier Worldwide Growth Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name John Howard Coble

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Merrill Lynch Cash Management Account	PS	various (see attached)	various (see attached)
	Merrill Lynch IRA	PS	various (see attached)	various (see attached)
	House, Watauga County, North Carolina	S	6-30-05	$100,001 - $250,000
	Condo, Watauga County, North Carolina	P	6-30-05	$250,001 - $500,000
	Van Kampen Enterprise Mutual Fund	S	5-17-05	$1,001 - $15,000
	Van Kampen Emerging Growth Mutual Fund	S	5-17-05	$1,001 - $15,000
	Van Kampen Equity and Income Mutual Fund	P	5-17-05	$1,001 - $15,000
	Van Kampen Comstock Mutual Fund	P	5-17-05	$1,001 - $15,000
	TransAmerica Insurance Non-Qualified Annuity #1	S	9-16-05	$1,001 - $15,000
	TransAmerica Insurance Non-Qualified Annuity #2	S	9-16-05	$1,001 - $15,000
	Allianz Life Insurance Annuity	P	9-16-05	$15,001 - $50,000
	Jefferson-Pilot Insurance Variable Annuity #1	S	8-29-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name John Howard Coble

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Hartford Insurance Variable Annuity	P	8-29-05	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name John Howard Coble

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Visitors	Guilford College, Greensboro, North Carolina
Member, Congressional Advisory Board	Greensboro College, Greensboro, North Carolina
Member, Board of Visitors	United States Coast Guard Academy, New London, Connecticut
Member, Congressional Advisory Board	DECA: An Association of Marketing Students, Reston, Virginia
Member, Congressional Advisory Board	American Conservative Union, Alexandria, Virginia
Member, Congressional Council	The Faith & Politics Institute, Washington, D.C.

IRA

TOTAL MERRILL

Primary Account: [redacted]

MLPF& S CUST FPO
J HOWARD COBLE IRA
FBO J HOWARD COBLE
2102 N ELM ST
STE B
GREENSBORO NC 27408-5100

Need Investment Guidance?
Call Your Financial Advisor

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD, SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

If you have questions on your statement, call 24-Hour Assistance:
(800) MERRILL
(800) 637-7455

Up-to-date account information can be viewed at: www.mlol.ml.com, where your statements are archived for two years.

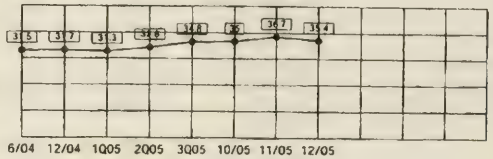
YOUR MERRILL LYNCH REPORT

December 01, 2005 - December 30, 2005

SUMMARY

	December 30	November 30	Month Change	
Net portfolio value	**$35,428.73**	**$36,678.20**	**($1,249.47)**	▼
Your assets	$35,428.73	$36,678.20	($1,249.47)	▼
Your liabilities	.	.		
Your inflows	.	.		
Your outflows	($34.85)	($145.82)		
Your account income	$39.64	$164.46		

Net Portfolio Value (in thousands), 2004-2005*



ARE YOU PREPARED FOR RETIREMENT?

Speak with your Financial Advisor regularly to ensure that your savings strategy will help you meet your retirement goals

YOUR PORTFOLIO REVIEW

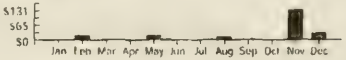
December 01, 2005 - December 30, 2005

ASSET ALLOCATION

Estimated Accrued Interest not included
May not reflect all holdings

	Percent
Equities	100%
TOTAL	**100%**

CURRENT INCOME



	This Report	Year To Date
Tax-Exempt Interest	-	-
Interest	-	-
Non-Reportable Dividends	39.64	282.34
Dividends	-	-
Total	$39.64	$282.34
Your Estimated Annual Income		**$118.94**

TOP FIVE PORTFOLIO HOLDINGS

Based on Estimated Market Value

	Current Value	*% of Portfolio*
LEHMAN BROTHRS HLDGS COM	8,331.05	23.52%
BJS WHOLESALE CLUB INC	4,877.40	13.77%
MILLENNIUM PHARMS INC	3,492.00	9.86%
MICRON TECHNOLOGY INC	3,327.50	9.39%
SCHWAB CHARLES CORP NEW	3,154.05	8.90%

FINANCIAL MARKET INDICATORS

	This Report	*Last Report*	*Previous Year End*
S&P 500	1248.29	1249.48	1211.92
Three-Month Treasury Bills	4.07%	3.93%	2.22%
Long-Term Treasury Bonds	4.54%	4.70%	4.83%
One-Month LIBOR	4.39%	4.29%	2.39%
NASDAQ	2205.32	2232.82	2175.44

TOTAL MERRILL

Online at: www.mlol.ml.com

Account Number: [redacted]

MLPF& S CUST FPO
J HOWARD COBLE IRA
FBO J HOWARD COBLE
2102 N ELM ST
STE B
GREENSBORO NC 27408-5100

Net Portfolio Value: *$35,428.73*

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD. SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

RETIREMENT ACCOUNT

December 01, 2005 December 30, 2005

ASSETS

	December 30	*November 30*
Cash/Money Accounts	249.54	244.75
Fixed Income	-	-
Equities	29,522.25	29,502.20
Mutual Funds	5,656.94	6,931.25
Options	-	-
Other	-	-
Subtotal (Long Portfolio)	*35,428.73*	*36,678.20*
TOTAL ASSETS	**$35,428.73**	$36,678.20

LIABILITIES

Debit Balance	-	-
Short Market Value	-	-
TOTAL LIABILITIES	-	-
NET PORTFOLIO VALUE	**$35,428.73**	$36,678.20

CASH FLOW

	This Statement	*Year to Date*
Opening Cash/Money Accounts	**$244.75**	
CREDITS		
Funds Received	-	-
Electronic Transfers	-	-
Other Credits	-	-
Dividends/Interest	39.64	282.34
Security Transactions	-	3,332.29
TOTAL CREDITS	**$39.64**	$3,614.63
DEBITS		
Electronic Transfers	-	-
Margin Interest Charged	-	-
Other Debits	(34.85)	(260.03)
Security Transactions	-	(3,365.11)
TOTAL DEBITS	**($34.85)**	($3,625.14)
Net Cash Flow	**$4.79**	($10.51)
Closing Cash/Money Accounts	**$249.54**	

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2005 - December 30, 2005

CASH/MONEY ACCOUNTS Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Current Yield%
CASH	0.98	0		.98		
ML BANK USA RASP	248.56	248	1.0000	248.56	3	1.25
TOTAL		249		249.54	3	1.25

EQUITIES Description	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
** APPLIED MATERIAL INC SYMBOL: AMAT	11/27/01	150	22.1371	3,320	17.9400	2,691.00	(629)	18	.66
ATMEL CORP COM SYMBOL: ATML	09/19/00	225	19.0620	4,288	3.0900	695.25	(3,593)		
** BEA SYSTEMS INC COM SYMBOL: BEAS	11/27/01	175	19.3456	3,385	9.4000	1,645.00	(1,740)		
BJS WHOLESALE CLUB INC SYMBOL: BJ	04/22/03	165	14.5084	2,393	29.5600	4,877.40	2,483		
** LEHMAN BROTHRS HLDGS COM SYMBOL: LEH	09/30/99	65	29.8369	1,939	128.1700	8,331.05	6,391	52	.62
** MICRON TECHNOLOGY INC SYMBOL: MU	04/22/03	250	9.8157	2,453	13.3100	3,327.50	873		
** MILLENNIUM PHARMS INC SYMBOL: MLNM	06/27/05	300	9.3505	2,805	9.7000	2,910.00	104		
	06/27/05	60	9.3326	559	9.7000	582.00	22		
Subtotal		360		3,365		3,492.00	126		
SAVIENT PHARMACEUTICALS INC SYMBOL: SVNTE	04/12/02	350	5.4112	1,893	3.7400	1,309.00	(584)		
** SCHWAB CHARLES CORP NEW SYMBOL: SCHW	11/27/01	215	15.9237	3,423	14.6700	3,154.05	(269)	21	.68
TOTAL				26,464		29,522.25	3,058	91	.31

FBO J HOWARD COBLE

Account Number: [redacted]

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2005 - December 30, 2005

RESEARCH RATINGS

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating (SELL HOLD BUY)	
APPLIED MATERIAL INC	AMAT	C-2-7	Hold -Morningstar	Buy -Weiss Ratings, Inc.		1.79
BEA SYSTEMS INC COM	BEAS	C-2-9	Hold -Morningstar	Hold -Thomas White International		1.96
LEHMAN BROTHRS HLDGS COM	LEH	B-1-7	Sell -Morningstar	Buy -Channel Trend Inc.		1.44
MILLENNIUM PHARMS INC	MLNM	C-2-9	Buy -Morningstar	Hold -Ford Equity Research		2.04
MICRON TECHNOLOGY INC	MU	C-1-9	Sell -Morningstar	Hold -Channel Trend Inc.		1.97
SCHWAB CHARLES CORP NEW	SCHW	C-2-7	Sell -Morningstar	Buy -Thomas White International		1.92

MERRILL LYNCH RATING

Volatility Risk Ratings
Indicators of potential price fluctuation are:
A – Low
B – Medium
C – High

Investment Ratings
Indicators of expected total return (price appreciation plus yield) within the 12-month period from the date of the initial rating, are:
1 – Buy (10% or more for Low and Medium Volatility Risk securities – 20% or more for High Volatility Risk securities)
2 – Neutral (0–10% for Low and Medium Volatility Risk securities – 0–20% for High Volatility Risk securities)
3 – Sell (negative return)
6 – No Rating

Income Ratings
Indicators of potential cash dividends are:
7 – same/higher (dividend considered to be secure)
8 – same/lower (dividend not considered to be secure)
9 – pays no cash dividend

INDEPENDENT, THIRD-PARTY RESEARCH

Independent, third-party research on certain companies covered by the firm's research is available to clients at no cost. Clients can access this research at www.mlol.ml.com or can call 1-800-MERRILL to request that a copy of this research be sent to them. For an explanation of independent, third-party research ratings key, ask your Financial Advisor or FAC representative or go to www.ml.com/independentresearch. Please note that the independent, third-party research rating shown above is not necessarily equivalent to, or derived using the same methodology as, ML Research ratings or the ratings of other independent, third-party research providers.

JAYWALK CONSENSUS RATING

Jaywalk Consensus Rating represents the average of the ratings of available independent, third-party research providers. For additional information about Jaywalk Consensus Rating, ask your Financial Advisor or FAC representative or go to www.ml.com/independentresearch

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YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2005 - December 30, 2005

MUTUAL FUNDS/DEFINED ASSET FUNDS Description	Quantity	Total Client Investment	Cumulative Investment Return	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
DAVIS NY VENTURE FD A	90	853	2,179	1,724	33.7000	3,033.00	N/A	24	.80
(.1060 FRACTIONAL SHARE)				N/A	33.7000	3.57	N/A		.80
SYMBOL: NYVTX Initial Purchase: 03/01/96									
FEDERATED KAUFMANN FUND CL A	467	2,248	366	2,512	5.6000	2,615.20	N/A		
(.9240 FRACTIONAL SHARE)				N/A	5.6000	5.17	N/A		
SYMBOL: KAUAX Initial Purchase: 01/14/04									
Subtotal (Equity Funds)			2,545	4,236		5,656.94		24	.43
TOTAL			2,545	4,236		5,656.94		24	.43

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.
Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the capital appreciation (depreciation) of all shares purchased, including shares purchased through reinvestment.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis. Provided for Tax Planning purposes only and is not applicable to retirement accounts "denoted by N/A."
Initial Purchase: Date of your initial investment in this fund.

LONG PORTFOLIO	Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield%
TOTAL	30,950	35,428.73	3,058		118	.34

Total values exclude N/A items

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TOTAL MERRILL

FBO J HOWARD COBLE

Account Number: [redacted]

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2005 - December 30, 2005

SECURITY TRANSACTIONS

Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
12/05	DAVIS NY VENTURE FD A REINV AMOUNT $34 85 REINV PRICE $33 90000 QUANTITY BOT 1.0280 AS OF 12/01	Divd Reinv	1				
12/14	DAVIS NY VENTURE FD A NORMAL WITHDRAWAL TRF TO 74654198	Journal Entry	-40				
	Subtotal (Other Security Transactions)						
	TOTAL						

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sales Price	Cost Basis	Gains/(Losses) * This Statement	Year to Date
Subtotal (Long-Term)							2,288 01
TOTAL							2,288.01

* - Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2005 tax return. These reportable transactions will appear on your January statement.

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2005 - December 30, 2005

DIVIDENDS/INTEREST INCOME TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit	Year To Date
12/05	* Dividend		DAVIS NY VENTURE FD A PAY DATE 12/02/2005		34.85	
12/08	* Dividend		APPLIED MATERIAL INC HOLDING 150.0000 QUAL DIV $4.50 PAY DATE 12/08/2005		4.50	
	Income Total		ML BANK USA RASP		.29	
	Subtotal (Non-Reportable Dividends)				*39.64*	*282.34*
	NET TOTAL				**39.64**	**282.34**

CASH/OTHER TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit
12/05	Reinvestment		DAVIS NY VENTURE FD A	34.85	
12/15	Journal Entry		* 12/14/05 DISTRIBUTION 40.0000 NO S @ 33.9400 PER SHARE $1,357.60		
	Subtotal (Other Debits/Credits)			*34.85*	
	NET TOTAL			**34.85**	

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FBO J HOWARD COBLE

Account Number [redacted]

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2005 - December 30, 2005

FUNDS RECEIVED, WITHDRAWALS, AND CHARGES

Date	Transaction Type	Quantity	Description	Debit	Credit
12/09	Fund Delivery	-4	ML BANK USA RASP		
12/09	Subscription	4	ML BANK USA RASP	4.00	
	NET TOTAL			**4.00**	

YOUR RETIREMENT ACCOUNT CONTRIBUTIONS AND DISTRIBUTIONS

Year End Plan Value as of December 31, 2005: $35,428.73 **Life-To-Date Nondeductible Contributions :** $2,000.00

Contributions after December 31, 2004 for 2004: $.00

Distributions	Tax Year 2005	Tax Year 2004
Normal	$1,357.60	$1,356.30

For purposes of calculating required minimum distributions or completing IRS Form 8606, you are required to use the value of your account as of 12/31/05. This value should include your Priced Portfolio total and the value of certain limited partnerships and other direct investments as well as any securities that we are unable to price - marked "Unavailable". The "Year-End Plan Value" shown consists of your Priced Portfolio total plus the estimated value of limited partnerships or other direct investments reported on your year-end statement.

For IRA, IRRA, SEP/IRA, SIMPLE/IRA Roth IRA and ESA accounts, the Year-End Plan Value represents the valuation we must furnish to you and the Internal Revenue Service as part of the IRS Form 5498 reporting requirements.

13:02 05/10/06 PG 1

WR PRC IRA FINANCIAL CONSULTANTS COB 05/09/06

SECURITY ACTIVITY FC:9972

ACCT: [redacted] HOWARD COBLE IRA

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
05/04/06	DIV		65	LEHMAN BROTHRS HLDGS CO	.0000	0
05/04/06	DUDB		65C	LEHMAN BROTHRS HLDGS CO	.0000	0
05/01/06	DUDB		65	LEHMAN BROTHRS HLDGS CO	.0000	0
12/14/05	JE		40C	DAVIS NY VENTURE FD A	.0000	0
12/05/05	AIDB		1	DAVIS NY VENTURE FD A	33.9000	34
11/16/05	AIDB		26	FEDERATED KAUFMANN FUND	5.4300	145
06/27/05	SLD		35C	LEHMAN BROTHRS HLDGS CO	98.0600	3,332C
06/27/05	BOT		300	MILLENNIUM PHARMS INC	8.9600	2,805
06/27/05	BOT		60	MILLENNIUM PHARMS INC	8.9600	559
12/02/04	JE		1	DAVIS NY VENTURE FD A	.0000	0
11/30/04	JE		45C	DAVIS NY VENTURE FD A	.0000	0
11/16/04	AIDB		24	FEDERATED KAUFMANN FUND	5.0900	122
03/01/04	JE		180C	DAVIS NY VENTURE FD B	.0000	0
03/01/04	JE		173	DAVIS NY VENTURE FD A	.0000	0
01/14/04	BOT		417	FEDERATED KAUFMANN FUND	5.3800	2,248
01/14/04	SLD		139C	PUTNAM VOYAGER FD CL A	16.2300	2,265C
06/24/03	XCH		350	SAVIENT PHARMACEUTICALS	.0000	0
06/24/03	XCH		350C	BIO TECHNOLOGY GEN CORP	.0000	0
04/22/03	BOT	N	165	BJS WHOLESALE CLUB INC	13.9600	2,393
04/22/03	SLD	N	20C	LEHMAN BROTHRS HLDGS CO	63.6500	1,215C
04/22/03	BOT	N	250	MICRON TECHNOLOGY INC	9.4000	2,453
04/22/03	SLD	N	100C	SPRINT CORP PCS COM SR	3.7600	333C
12/11/02	JE		47C	DAVIS NY VENTURE FD A	.0000	0
12/03/02	JE		1	DAVIS NY VENTURE FD A	.0000	0
04/22/02	DIV		75	APPLIED MATERIAL INC	.0000	0
04/22/02	DUDB		75C	APPLIED MATERIAL INC	.0000	0
04/17/02	DUDB		75	APPLIED MATERIAL INC	.0000	0
04/12/02	BOT		350	BIO TECHNOLOGY GEN CORP	5.1390	1,893
12/17/01	AIDB		5	PUTNAM VOYAGER FD CL A	17.7400	99
12/11/01	SLD		28C	DAVIS NY VENTURE FD A	24.8500	690C
11/27/01	BOT		75	APPLIED MATERIAL INC	43.0290	3,320
11/27/01	BOT		175	BEA SYSTEMS INC CO	18.7390	3,385
11/27/01	SLD		220C	BOSTON SCIENTIFIC CORP	26.9200	5,765C
11/27/01	SLD		100C	FLEXTRONICS INTL LTD	25.3510	2,450C
11/27/01	SLD		60C	MELLON FINANCIAL CORP	38.5500	2,233C
11/27/01	BOT		215	SCHWAB CHARLES CORP NEW	15.4000	3,423
07/24/01	SLD	N	127C	AIM CONSTELLATION	22.6500	2,886C
07/24/01	BOT	N	134	PUTNAM VOYAGER FD CL A	20.0100	2,686
04/10/01	BOT		100	SPRINT CORP PCS COM SR	23.7100	2,452
12/19/00	AIDB		25	AIM CONSTELLATION	29.0700	754
12/19/00	JE		1	AIM CONSTELLATION	.0000	0
12/08/00	AIDB		6	DAVIS NY VENTURE FD A	26.9500	163
12/06/00	AIDB		6C	DAVIS NY VENTURE FD A	26.9500	163
12/04/00	AIDB		1	DAVIS NY VENTURE FD B	26.1600	37

2005 transactions

FOR INFORMATION PURPOSES ONLY - ACCOUNT STATEMENT IS OFFICIAL RECORD
THIS INFO MUST NOT BE USED IN PLACE OF THE MERRILL LYNCH TAX REPORTING
STATEMENT FOR TAX INFORMATION.

<MORE>

CMA

TOTAL MERRILL

Online at: **www.mlol.ml.com**

Account Number: [redacted]

24-Hour Assistance. (800) MERRILL

MR J HOWARD COBLE
2102 N ELM ST
STE B
GREENSBORO NC 27408

Net Portfolio Value: *$197,160.72*

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD, SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

CMA® ACCOUNT

December 01, 2005 - December 30, 2005

ASSETS

	December 30	*November 30*
Cash/Money Accounts	236.63	230.39
Fixed Income	-	-
Equities	98,524.67	99,108.56
Mutual Funds	98,399.42	96,076.78
Options	-	-
Other	-	-
Subtotal (Long Portfolio)	*197,160.72*	*195,415.73*
TOTAL ASSETS	**$197,160.72**	$195,415.73

LIABILITIES

Debit Balance	-	-
Short Market Value	-	-
TOTAL LIABILITIES	-	-
NET PORTFOLIO VALUE	**$197,160.72**	$195,415.73

CASH FLOW

	This Statement	*Year to Date*
Opening Cash/Money Accounts	**$230.39**	
CREDITS		
Funds Received	-	5,000.00
Electronic Transfers	-	-
Other Credits	-	-
Dividends/Interest	$20.53	2,676.60
Security Transactions	-	1,974.17
TOTAL CREDITS	**$520.53**	$9,650.77
DEBITS		
Electronic Transfers	-	-
Margin Interest Charged	-	-
Other Debits	($14.29)	(2,439.46)
Visa Purchases *(debits)*	-	-
ATM/Cash Advances	-	-
Checks Written/Bill Payment	-	-
Security Transactions	-	(7,638.09)
TOTAL DEBITS	**($514.29)**	($10,077.55)
Net Cash Flow	**$6.24**	($426.78)
Closing Cash/Money Accounts	**$236.63**	

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YOUR CMA BANK DEPOSIT INTEREST SUMMARY

December 01, 2005 - December 30, 2005

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
Merrill Lynch Bank USA	230	233	1.25	0.24	236
TOTAL ML Bank Deposit Program	230			0.24	236

YOUR CMA ASSETS

CASH/MONEY ACCOUNTS Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Current Yield%
CASH	0.63	0		.63		
ML Bank Deposit Program	236.00	236	1.0000	236.00	2	1.25
TOTAL		236	*	236.63	2	1.25

EQUITIES Description	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
** AMER EXPRESS COMPANY	07/24/01	125	34.0570	4,257	51.4600	6,432.50	2,175	60	.93
SYMBOL: AXP									
AMERIPRISE FINL INC	07/24/01	25	24.2596	606	41.0000	1,025.00	418	11	1.07
SYMBOL: AMP									
** AMGEN INC COM PV $0.0001	04/12/01	103	32.1700	3,313	78.8600	8,122.58	4,809		
SYMBOL: AMGN	04/18/01	44	32.1700	1,415	78.8600	3,469.84	2,054		
Subtotal		147		4,728		11,592.42	6,863		
** APPLIED MATERIAL INC	11/27/01	200	22.0581	4,411	17.9400	3,588.00	(823)	24	.66
SYMBOL: AMAT									
ATMEL CORP COM	09/19/00	170	18.9817	3,226	3.0900	525.30	(2,701)		
SYMBOL: ATML	08/20/02	330	3.0224	997	3.0900	1,019.70	22		
Subtotal		500		4,224		1,545.00	(2,679)		
** BEA SYSTEMS INC COM	11/27/01	220	19.4599	4,281	9.4000	2,068.00	(2,213)		
SYMBOL: BEAS									
BJS WHOLESALE CLUB INC	04/22/03	300	14.4202	4,326	29.5600	8,868.00	4,541		
SYMBOL: BJ									

TOTAL MERRILL

MR J HOWARD COBLE

Account Number: [redacted]

YOUR CMA ASSETS

December 01, 2005 - December 30, 2005

EQUITIES (continued) Description	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
** CORNING INC	04/18/01	190	26.1900	4,976	19.6600	3,735.40	(1,240)		
SYMBOL: GLW									
E M C CORPORATION MASS	04/12/01	110	30.6254	3,368	13.6200	1,498.20	(1,870)		
SYMBOL: EMC	04/18/01	45	38.4888	1,732	13.6200	612.90	(1,119)		
Subtotal		155		5,100		2,111.10	(2,989)		
** GOODYEAR TIRE RUBBER	09/23/05	320	16.1003	5,152	17.3800	5,561.60	409		
SYMBOL: GT									
KNIGHT CAPITAL GROUP INC	07/24/01	500	10.1357	5,067	9.8900	4,945.00	(122)		
SYMBOL: NITE									
** LEHMAN BROTHRS HLDGS COM	09/30/99	130	29.7766	3,870	128.1700	16,662.10	12,791	104	.62
SYMBOL: LEH									
** LOWE'S COMPANIES INC	05/27/04	90	55.5711	5,001	66.6600	5,989.40	998	21	.36
SYMBOL: LOW									
** MICRON TECHNOLOGY INC	04/22/03	415	9.7606	4,050	13.3100	5,523.65	1,472		
SYMBOL: MU									
** MILLENNIUM PHARMS INC	06/27/05	165	9.3933	1,549	9.7000	1,600.50	50		
SYMBOL: MLNM	06/27/05	100	9.3609	936	9.7000	970.00	33		
Subtotal		265		2,485		2,570.50	83		
** RF MICRO DEVICES INC	07/28/00	70	37.1388	2,599	5.4100	378.70	(2,221)		
SYMBOL: RFMD									
SAVIENT PHARMACEUTICALS INC	04/18/01	625	7.7846	4,865	3.7400	2,337.50	(2,527)		
SYMBOL: SVNTE									
** SCHWAB CHARLES CORP NEW	11/27/01	270	15.8931	4,291	14.6700	3,960.90	(330)	27	.68
SYMBOL: SCHW									
TRANSMETA CORP	04/19/01	230	21.3922	4,920	1.1300	259.90	(4,660)		
SYMBOL: TMTA									
** WAL-MART STORES INC	07/19/88	200	11.1889	2,237	46.8000	9,360.00	7,122	120	1.28
SYMBOL: WMT									
TOTAL				81,456		98,524.67	17,068	367	.37

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YOUR CMA ASSETS

December 01, 2005 - December 30, 2005

RESEARCH RATINGS

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating (SELL HOLD BUY)
AMER EXPRESS COMPANY	AXP	B-1-7	Hold -Morningstar	Buy -Argus Fundamental Research	1.67
AMGEN INC COM PV $0.0001	AMGN	C-1-9	Buy -Morningstar	Buy -Argus Fundamental Research	1.61
APPLIED MATERIAL INC	AMAT	C-2-7	Hold -Morningstar	Buy -Weiss Ratings, Inc.	1.79
BEA SYSTEMS INC COM	BEAS	C-2-9	Hold -Morningstar	Hold -Thomas White International	1.96
CORNING INC	GLW	C-1-9	Hold -Morningstar	Sell -Callard Research	1.61
GOODYEAR TIRE RUBBER	GT	C-2-9	Sell -Morningstar	Hold -Channel Trend Inc.	1.58
LEHMAN BROTHRS HLDGS COM	LEH	B-1-7	Sell -Morningstar	Buy -Channel Trend Inc.	1.44
LOWE'S COMPANIES INC	LOW	B-1-7	Hold -Morningstar	Buy -Thomas White International	1.48
MILLENNIUM PHARMS INC	MLNM	C-2-9	Buy -Morningstar	Hold -Ford Equity Research	2.04
MICRON TECHNOLOGY INC	MU	C-1-9	Sell -Morningstar	Hold -Channel Trend Inc.	1.97
RF MICRO DEVICES INC	RFMD	C-2-9	Hold -Morningstar	Sell -Callard Research	2.09
SCHWAB CHARLES CORP NEW	SCHW	C-2-7	Sell -Morningstar	Buy -Thomas White International	1.92
WAL-MART STORES INC	WMT	A-1-7	Buy -Morningstar	Hold -Columbine Capital Services, Inc	1.82

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RESEARCH RATINGS (continued)

MERRILL LYNCH RATING

Volatility Risk Ratings
Indicators of potential price fluctuation are:
A – Low
B – Medium
C – High

Investment Ratings
Indicators of expected total return (price appreciation plus yield) within the 12-month period from the date of the initial rating, are:
1 – Buy (10% or more for Low and Medium Volatility Risk securities – 20% or more for High Volatility Risk securities)
2 – Neutral (0–10% for Low and Medium Volatility Risk securities – 0–20% for High Volatility Risk securities)
3 – Sell (negative return)
6 – No Rating

Income Ratings
Indicators of potential cash dividends are:
7 – same/higher (dividend considered to be secure)
8 – same/lower (dividend not considered to be secure)
9 – pays no cash dividend

INDEPENDENT, THIRD-PARTY RESEARCH
Independent, third-party research on certain companies covered by the firm's research is available to clients at no cost. Clients can access this research at www.mlot.ml.com or can call 1-800-MERRILL to request that a copy of this research be sent to them. For an explanation of independent, third-party research ratings key, ask your Financial Advisor or FAC representative or go to www.ml.com/independentresearch. Please note that the independent, third-party research rating shown above is not necessarily equivalent to, or derived using the same methodology as, ML Research ratings or the ratings of other independent, third-party research providers.

JAYWALK CONSENSUS RATING
Jaywalk Consensus Rating represents the average of the ratings of available independent, third-party research providers. For additional information about Jaywalk Consensus Rating, ask your Financial Advisor or FAC representative or go to www.ml.com/independentresearch.

MUTUAL FUNDS/DEFINED ASSET FUNDS *Description*	*Quantity*	*Total Client Investment*	*Cumulative Investment Return*	*Total Cost Basis*	*Estimated Market Price*	*Estimated Market Value*	*Unrealized Gain/(Loss)*	*Estimated Annual Income*	*Current Yield%*
DAVIS NY VENTURE FD A	1,916	41,975	22,593	45,472	33.7000	64,569.20	19,090	517	.80
	43			*N/A*	*33.7000*	*1,449.10*	*N/A*	*11*	*.80*
(9430 FRACTIONAL SHARE)				*N/A*	*33.7000*	*31.77*	*N/A*		*.80*
SYMBOL: NYVTX Initial Purchase: 02/09/96									
FEDERATED KAUFMANN FUND	5,776	27,701	4,644	31,010	5.6000	32,345.60	1,334		
CL A				*N/A*	*5.6000*	*3.75*	*N/A*		
(6700 FRACTIONAL SHARE)									
SYMBOL: KAUAX Initial Purchase: 01/14/04									
Subtotal (Equity Funds)			27,237	76,483		98,399.42	20,424	529	.54

YOUR CMA ASSETS

December 01, 2005 - December 30, 2005

MUTUAL FUNDS/DEFINED ASSET FUNDS (continued) Description	Quantity	Total Client Investment	Cumulative Investment Return	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
TOTAL			27,237	76,483		98,399.42	20,424	529	.54

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.
Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the capital appreciation (depreciation) of all shares purchased, including shares purchased through reinvestment.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis. Provided for Tax Planning purposes only and is not applicable to retirement accounts "denoted by N/A."
Initial Purchase: Date of your initial investment in this fund.

LONG PORTFOLIO	Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield%
TOTAL	158,175	197,160.72	37,492		899	.46

Total values exclude N/A items

YOUR CMA TRANSACTIONS

SECURITY TRANSACTIONS

Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
12/05	DAVIS NY VENTURE FD A REINV AMOUNT $514.29 REINV PRICE $33.90000 QUANTITY BOT 15.1710 AS OF 12/01	Divd Reinv	15				
12/14	DAVIS NY VENTURE FD A DEPOSIT TRF FROM 74688031	Journal Entry	40				
	Subtotal (Other Security Transactions)						
	TOTAL						

888

TOTAL MERRILL

MR J HOWARD COBLE

Account Number: [redacted]

YOUR CMA TRANSACTIONS

December 01, 2005 - December 30, 2005

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sales Price	Cost Basis	Gains/(Losses) * This Statement	Gains/(Losses) * Year to Date
Subtotal (Long-Term)							*(235.33)*
TOTAL							**(235.33)**

* - Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2005 tax return. These reportable transactions will appear on your January statement.

DIVIDENDS/INTEREST INCOME TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit	Year To Date
12/30	¤ Bank Interest		BANK DEPOSIT INTEREST		.24	
	Subtotal (Interest)				.24	9.36
12/05	* Dividend		DAVIS NY VENTURE FD A PAY DATE 12/02/2005		514.29	
12/08	* Dividend		APPLIED MATERIAL INC HOLDING 200.0000 QUAL DIV $6.00 PAY DATE 12/08/2005		6.00	
	Subtotal (Dividends)				520.29	2,667.24
	NET TOTAL				**520.53**	**2,676.80**

YOUR CMA TRANSACTIONS

December 01, 2005 - December 30, 2005

CASH/OTHER TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit
12/05	Reinvestment		DAVIS NY VENTURE FD A	514.29	
	Subtotal (Other Debits/Credits)			*514.29*	
	NET TOTAL			**514.29**	

YOUR CMA MONEY ACCOUNT TRANSACTIONS

Date	Description	Withdrawals	Deposits	Date	Description	Withdrawals	Deposits
12/12	ML Bank Deposit Program		6.00				
	NET TOTAL		**6.00**				

VR PRC CMA

FINANCIAL CONSULTANTS
SECURITY ACTIVITY

12:09 05/10/06 PG 1
COB 05/09/06
FC:9972

ACCT: [redacted] J HOWARD COBLE

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
05/04/06	DIV		100	LEHMAN BROTHRS HLDGS CO	.0000	0
05/04/06	DUDB		100C	LEHMAN BROTHRS HLDGS CO	.0000	0
05/01/06	DUDB		100	LEHMAN BROTHRS HLDGS CO	.0000	0
04/27/06	SLD		25C	AMERIPRISE FINL INC	50.0600	1,192C
04/27/06	BOT		75	CEPHALON INC CO	68.7800	5,057
04/27/06	BOT		250	INTEL CORP	20.0900	5,179
04/27/06	SLD		30C	LEHMAN BROTHRS HLDGS CO	156.1500	4,565C
04/27/06	BOT		280	RF MICRO DEVICES INC	9.2400	2,704
04/27/06	SLD		200C	WAL-MART STORES INC	45.6900	8,932C
12/14/05	JE		40	DAVIS NY VENTURE FD A	.0000	0
12/05/05	AIDB		15	DAVIS NY VENTURE FD A	33.9000	514
11/16/05	AIDB		331	FEDERATED KAUFMANN FUND	5.4300	1,800
10/06/05	DIV		25	AMERIPRISE FINL INC	.0000	0
10/06/05	DUDB		25C	AMERIPRISE FINL INC	.0000	0
10/03/05	DUDB		25	AMERIPRISE FINL INC	.0000	0
09/23/05	BOT		320	GOODYEAR TIRE RUBBER	15.6000	5,152
06/27/05	SLD		100C	ACXIOM CORP CO	20.5500	1,974C
06/27/05	BOT		165	MILLENNIUM PHARMS INC	8.9600	1,549
06/27/05	BOT		100	MILLENNIUM PHARMS INC	8.9600	936
06/01/05	XCH		500C	KNIGHT TRADING GROUP IN	.0000	0
06/01/05	XCH		500	KNIGHT CAPITAL GROUP IN	.0000	0
12/02/04	AIDB		14	DAVIS NY VENTURE FD A	30.2500	438
11/30/04	JE		45	DAVIS NY VENTURE FD A	.0000	0
11/16/04	AIDB		297	FEDERATED KAUFMANN FUND	5.0900	1,512
05/27/04	SLD		150C	HONEYWELL INTL INC DEL	33.7300	4,918C
05/27/04	BOT		90	LOWE'S COMPANIES INC	54.2000	5,001
03/01/04	JE		412C	DAVIS NY VENTURE FD B	.0000	0
03/01/04	JE		395	DAVIS NY VENTURE FD A	.0000	0
01/14/04	BOT		5,148	FEDERATED KAUFMANN FUND	5.3800	27,701
01/14/04	SLD		1,722C	PUTNAM VOYAGER FD CL A	16.2300	27,945C
12/02/03	AIDB		10	DAVIS NY VENTURE FD A	26.4300	266
06/24/03	XCH		625	SAVIENT PHARMACEUTICALS	.0000	0
06/24/03	XCH		625C	BIO TECHNOLOGY GEN CORP	.0000	0
04/22/03	BOT	N	300	BJS WHOLESALE CLUB INC	13.9600	4,326
04/22/03	BOT	N	415	MICRON TECHNOLOGY INC	9.4000	4,050
04/22/03	SLD	N	185C	SPRINT CORP PCS COM SR	3.7500	637C
04/22/03	SLD	N	170C	SAFECO CRP	37.5800	6,233C
12/12/02	JE		1	DAVIS NY VENTURE FD A	.0000	0
12/11/02	JE		47	DAVIS NY VENTURE FD A	.0000	0
08/20/02	BOT	N	330	ATMEL CORP CO	2.7790	997
07/17/02	XCH		147	AMGEN INC COM PV $0.000	.0000	0
07/17/02	XCH		335C	IMMUNEX CORP NEW	.0000	1,507C
04/22/02	DIV		100	APPLIED MATERIAL INC	.0000	0
04/22/02	DUDB		100C	APPLIED MATERIAL INC	.0000	0

2005 Transactions

R INFORMATION PURPOSES ONLY - ACCOUNT STATEMENT IS OFFICIAL RECORD
IS INFO MUST NOT BE USED IN PLACE OF THE MERRILL LYNCH TAX REPORTING
ATEMENT FOR TAX INFORMATION.

<MORE>

HOWARD COBLE
SIXTH DISTRICT
NORTH CAROLINA

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WASHINGTON, DC 20515–3306
PHONE: (202) 225–3065
FAX: (202) 225–8611
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HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
JUDICIARY
CHAIRMAN, SUBCOMMITTEE ON CRIME, TERRORISM AND HOMELAND SECURITY

PRINTED ON RECYCLED PAPER

Congress of the United States
House of Representatives
Washington, DC 20515–3306

2006 MAY 19 PM 3:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 19, 2006

The Honorable Karen L. Haas
Clerk of the House
The U.S. House of Representatives
H154 Capitol
Washington, D.C. 20515

Dear Karen:

As I was reviewing my 2005 Financial Disclosure Statement, I realized that I had inadvertently dropped an asset from my 2004 Financial Disclosure Statement that should have been listed on the 2005 filing. This letter will serve as an amendment to the 2005 report.

On the 2004 report, under Schedule III, Block A, I had listed an asset as "MassMutual Insurance Annuity #2," with a Block B value of between "$1,001 – $15,000," and with Block C listed as "Dividends" and with "None" listed for Block D. Because I had more than one MassMutual Annuities on my report, I inadvertently failed to list this asset on my 2005 statement.

For 2005, under Schedule III, Block A, the asset should be listed under its new name, "MassMutual Insurance Variable Annuity." Under Block B, the value should be listed as between "$1,001 - $15,000." It should be listed as "Dividends" under Block C, and should be listed as "None" under Block D. Please make note of this for my 2005 Financial Disclosure Statement.

Thank you for your assistance with this request. If you have any questions, please do not hesitate to contact me or my Chief of Staff Ed McDonald at X5-3065.

Sincerely,

Howard

HOWARD COBLE
Member of Congress

HC:em

SUITE 101
222 SUNSET AVENUE
ASHEBORO, NC 27203-6658
PHONE: (336) 626-3060
FAX: (336) 626-7819

124 WEST ELM STREET
POST OFFICE BOX 812
GRAHAM, NC 27253-0812
PHONE: (336) 229-0159
FAX: (336) 226-7974

SUITE B
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GREENSBORO, NC 27408-5100
PHONE: (336) 333-5065
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SUITE 200-B
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HIGH POINT, NC 27262-7723
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SUITE 2404
2727D OLD CONCORD ROAD
SALISBURY, NC 28146-8388
PHONE: (704) 645-6082
FAX: (704) 645-0896

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Thomas Jeffery Cole
(Full Name)

104 Briarwood Street Moore, OK 73160
(Mailing Address)

202.225.6165
Daytime Telephone:

(Office Use Only)

MC

Filer Status	☑ Member of the U.S. House of Representative	State: OK District: 4	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas J Cole	5/1/06

SCHEDULE I - EARNED INCOME

Name Thomas Jeffery Cole

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Cole, Hargrave, Snodgrass and Associates	Management Fee	$20,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	MAJOR ASSETS				
	Cole, Hargrave, Snodgrass, and Associates, OK City (stock)	$250,001 - $500,000	Dividends (management fee)/DIVIDENDS	$15,001 - $50,000	
	Strategic Communications, Moore, OK (stock)	$100,001 - $250,000	Dividends	$15,001 - $50,000	
JT	Personal Residence, Moore, OK	$100,001 - $250,000	None	NONE	
JT	10 Acres, Johnson County, OK (with brother)	$1,001 - $15,000	None	NONE	
JT	Mid First Bank, Money Market	$50,001 - $100,000	Interest	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

JT	Burke and Herbert Money Market	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	Fidelity Spartan Money Market	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
JT	Fidelity Municipal Money Market	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Tom Cole's Cole, Hargrave, Snodgrass 401K				
	Credit Suisse Capital Appreciation Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin MSF Mutual Share Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Small / Mid Cap Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Balance Sheet Investment Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Income Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Lord Abbott Core Fixed Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Lord Abbott Mid Cap Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Main Street Fund Class A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Global Fund Class A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Pimco High Yield Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	Putnam Int'l. Equity Fd. A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Strong Government Securities Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Templeton Foreign Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	VanKamp Common Stock Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Mutual Funds				
JT	Vanguard Total Bond Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Fidelity Spartan Municipal Income Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
JT	Columbia Real Estate Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century Balanced Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	T. Rowe Price Equity Income Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Vanguard Total International Stock Index	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Fidelity Select Health Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Fidelity Dividend Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

JT	FidelitySpartan 500 Index Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Vanguard Total Stock Market Index Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century International Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	American Century Global Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Baron Asset Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	American Century Ultra Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Fidelity Select Financial Services Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Stocks				
SP	Alliant Energy Corp.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Exxon Mobil Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Regions Financial Corp	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Duke Energy Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Pfizer Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Wells Fargo & Co.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	

JT	Walgreen Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Wal Mart Stores Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Kerr McGee	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
JT	Johnson Controls	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	IBM	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	AT&T Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Equifax Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Microsoft	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Hewlett Packard	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Dell Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Becton Dickinson & Co.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole Fidelity IRA				
	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
	Fidelity Total Bond Fund	$1,001 - $15,000	DIVIDENDS/Capital Gains	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	Fidelity Dividend International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Diversified Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Blue Chip Gowth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Ellen Cole's Fidelity IRA				
SP	Fidelity Total Bond Fund	$1,001 - $15,000	DIVIDENDS/Capital Gains	$201 - $1,000	P
SP	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
SP	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Dividend Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Blue Chip Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

SP	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole's 457 Sooner Savings				
	T. Rowe Price Balance Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	EuroPacific A Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Century Income and Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Columbia Acorn 12 Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Janus Small Cap. Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	T. Rowe Price Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Dreyfus Premium Leader A Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	BGI SDP Stock Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Century Vista Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
	Tom Cole's NY Life Annuity				
	Main Stay VP Capital Approach Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Tom Cole's NY Life IRA				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	Main Stay VP Index Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Main Stay VP Growth Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Main Stay VP Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Fidelity Equity Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Alger American Small Capital Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Janus Worldwide Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Ellen Cole NY Life IRA				
SP	Main Stay VP Cap. Appreciation Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Main Stay VP Index Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Main Stay VP Growth Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Janus Balanced Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Ellen Cole's 401K Fund				
SP	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
SP	Fidelity Ginnie Mae Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

SP	Fidelity Capital Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity OTC Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole's Federal Thrift Savings Plan				
	G Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
	I Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	F Fund	$15,001 - $50,000	DIVIDENDS/INTEREST	$201 - $1,000	
	C Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	S Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Tom Cole's State Farm Annuity				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	Insurance / Annuity	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Ellen Cole's State Farm Aunnuity				
SP	Insurance Annuity	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Great Plains Airline	None	Other: (Please specify) Liquidated / Bankrupt	NONE	

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Colo

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Vanguard Total International Stock Index Fund	P	1/06/05	$1,001 - $15,000
JT	Duke Energy	P	1/06/05	$1,001 - $15,000
	Fidelity Diversified International Fund	P	1/19/05	$1,001 - $15,000
SP	Fidelity Diversified International Fund	P	1/19/05	$1,001 - $15,000
	Fidelity Spartan 500 Index Fund	P	1/19/05	$1,001 - $15,000
SP	Fidelity Spartan 500 Index Fund	P	1/19/05	$1,001 - $15,000
	Fidelity Total Bond Index Fund	P	1/19/05	$1,001 - $15,000
SP	Fidelity Total Bond Index Fund	P	1/19/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	2/16/05	$1,001 - $15,000
JT	Fidelity Spartan Muni. Income Fund	P	3/28/05	$1,001 - $15,000
JT	Fidelity Spartan 500 Index Fund	P	3/28/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	3/29/05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Vanguard Total International Stock Index Fund	P	4/05/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	5/02/05	$1,001 - $15,000
JT	Fidelity Spartan Muni. Income Fund	P	5/02/05	$1,001 - $15,000
JT	Fidelity Spartan Muni. Income Fund	P	7/5/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	8/19/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	9/09/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	10/06/05	$1,001 - $15,000
JT	Vanguard Total International Stock Index Fund	P	11/14/05	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	12/07/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Committee on Standards)	S	1/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	2/15/05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	3/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	4/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Committee On Standards)	S	5/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	6/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	7/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Committee On Standards)	S	8/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	9/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	10/15/05	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	11/15/05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	12/15/05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas Jeffery Cole

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Aspen Institute	May 30 - June 5	Washington, DC --Istanbul, Turkey -- Washington, DC	Y	Y	N	N/A
Harvard - Institute of Politics	April 4	Wash., D.C. -- Boston, MA -- Wash., D.C.	N	N	N	N/A

SCHEDULE VIII - POSITIONS

Name Thomas Jeffery Cole

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Fulbright Association (uncompensated)
Partner	Strategic Communications (unearned income, dividends and capital gains)
Partner	Cole, Hargrave, Snodgrass and Assoc. (unearned income: dividends and capital gains and management fee)

SCHEDULE IX - AGREEMENTS

Name Thomas Jeffery Cole

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4/20/03	Cole, Hargrave, Snodgrass and Associates	Quarterly Management Fee of $5,000 from personal business. (Approved by Committee on Standards)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

K. Michael Conaway (Full Name)

511 Cannon Building (Mailing Address)

Washington, D.C 20515 (202) 225-3605 (Daytime Telephone)

Filer Status: [X] Member of the U.S. House of Representatives — State: TX District: 11 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	***Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.***	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and	K. Michael Conaway	5/15/06

Name	Page ___ of ___
K. Michael Conaway	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See Attached		
	None		

For payments to charity in lieu of honoraria, use Schedule II.

May. 15 2006 03:19PM P4 PHONE NO. : FROM :

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: K. Michael Conaway

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income						Block D: Amount of Income											Block E: Transaction
				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp. Stock					X								X										X								P
DC	*Examples:*		Simon & Schuster			Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X									X										X						
			See Attached																															

For additional assets and unearned income, use next page.

SP/DC/JT	Block A Assets and Income Source			Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P,S,E
SP Trust	Merrill Lynch Managed Account-Acct E	Merrill Lynch	425-26280	$100,001 - $250,000	Dividend & Interest	$1,001 - $2,500	$1,001 - $2,500	
SP Trust	Merrill Lynch Managed Account-Acct E	Merrill Lynch	425-26280		Capital Gain	$15,001 - $50,000	$1,001 - $2,500	P/S
SP Trust	Kidwell Exploration-S Corp, Midland, Texas			$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
SP Trust	Oil & Gas Mineral Interests			$50,001 - $100,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	La Otra Cattle Co - Partnership - Midland, Texa	K-1	75-1920817	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	Telephonica Moviles Argentina SA BA Ord	AG Edwards	47605	Price not available		NA	NA	
SP Trust	Telephonica de Argentina SA Ord Cl B	AG Edwards	47605	$1,001 - $15,000		NA	NA	
JT	Conawell Corporation-S Corp, Midland, Texas			$50,001 - $100,000	Dividend	$15,001 - $50,000	$201 - $1,000	
JT	Merrill Lynch Money Fund	Merrill Lynch	25839	$15,001 - $50,000	Interest	$201 - $1,000	$1 - $200	
JT	Clayton Williams Energy - common stock	AG Edwards	53443	$15,001 - $50,000		NA	NA	
JT	Note Rec-Conawell Corp., Midland, Texas			NA			NA	S
	Included in 2004 in error, paid off in 2003							
JT	Wells Fargo Bank - checking - Midland, Texas		9973	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
JT	Wells Fargo Bank - savings - Midland, Texas		2281	$1,001 - $15,000	Interest	$1 - $200	$201 - $1,000	
JT	Wright Patman Federal Credit Union - checking	152151	quillen	$1,001 - $15,000		NA	NA	
JT	Wright Patman Federal Credit Union - savings	152151	quillen	$1 - $1,000	Interest	NA		
JT	Novell, Inc	AG Edwards	53443	$1 - $1,000		NA	NA	
JT	Turbosonic Technologies	AG Edwards	53443	$1 - $1,000		NA	NA	
JT	Centennial Money Market	AG Edwards	53443	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
KMC	Lario Oil & Gas Co. - Oil & Gas - Midland, Texas			$1,001 - $15,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
KMC	KMC, Inc. - Investments Midland, Texas			$1,001 - $15,000		NA	NA	
KMC	Conabain Corp - Oil & Gas - Midland, Texas			$1,001 - $15,000	Oil & Gas Royalty	$1 - $200	$1 - $200	
	Publicly traded common stock							
KMC	Harkim Energy			$1,001 - $15,000		NA	NA	
SP	Merrill Lynch Bank USA-Midland, Texas			NA		NA	NA	
	Combined with Merrill Lynch below							
	Publicly traded mutual funds							
SP	Van Kampen Tax Exempt High Yield Fund	UBS	62986	$100,001 - $250,000	Dividend	$5,001 - $15,000	$5,001 - $15,000	
	Oppenheimer Rochester Nat'l Muni Fund Cl A	UBS	62986	$50,001 - $100,000		NA	NA	P
SP	RMA Money Market			NA		NA	$1,001 - $2,500	
	name change/asset transfer to UBS Bank USA							
SP	Merrill Lynch Bank & Trust	Merrill Lynch	25840	$50,001 - $100,000	Interest	$2,501 - $5,000	$1,001 - $2,500	
SP	Pioneer Municipal High Income Advantage	UBS	62986	$100,001 - $250,000	Dividend-TE	$5,001 - $15,000	$2,501 - $5,000	
SP	UBS Bank USA Dep Acct	UBS	62986	$1,001 - $15,000	Dividend	$1,001 - $2,500	$201 - $1,000	
SP	Federated Strategic Income Fund	UBS	62986	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
SP	Federated Market Opportunities Fund	UBS	62986	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
SP	Federated Kaufman Fund	UBS	62986	$15,001 - $50,000	Capital Gain	$201 - $1,000	NA	

SP/DC/JT	Block A Assets and Income Source			Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P,S,E
SP	Federated Kaufman Fund	UBS	61986		Dividend	$1 - $200	$1 - $200	
SP	Federated Capital Appreciation Fund	UBS	62986	$15,001 - $50,000	Dividend	$1 - $200	NA	
SP	Franklin Templeton Founding Fund	UBS	62986	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP	Scudder Short Term Muni Bond Fund	Merrill Lynch	25840	$500,001 - $1,000,000	Dividend-TE	$15,001 - $50,000	$15,001 - $50,000	
SP	Houston Texas Water & Sewer Bonds 5.25%	Merrill Lynch	25840	$100,001 - $250,000	Interest-TE	$5,001 - $15,000	$5,001 - $15,000	
SP	American National Bank & Trust CD 7.10%	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$5,001 - $15,000	S
SP	Westernbank CD 3.45% 05/11/06	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Fleet National Bank CD 6.850% 05/09/05	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$5,001 - $15,000	S
SP	Oriental Bank & Trust CD 3.5% 06/08/05	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	First USA Bank CD 7.10% 04/12/05	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$5,001 - $15,000	S
SP	Capital One Bank CD 3.85% 05/18/07	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Provident Bank of Maryland CD 5.50%	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP	Westernbank CD 3.85% 05/18/07	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Magnolia Texas ISD Bonds 5.125% 08	Merrill Lynch	25840	$50,001 - $100,000	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP	Wells Fargo Bank - checking - Midland, Texas			$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP	La Otra Cattle Co - Partnership - Midland, Texa	K-1	75-1920817	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP	Kidwell Exploration, S Corp-Midland, Texas			$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
SP	SV Investments, Ltd.	K-1		$15,001 - $50,000	Investment Partnership	NA	NA	P
SP	Prudential SSA			NA	Structured Settlement Payment	$50,001 - $100,000	$50,001 - $100,000	
SP	Met life insurance			NA	Structured Settlement Payment	$50,001 - $100,000	$50,001 - $100,000	
SP	Allstate insurance			NA	Structured Settlement Payment	$15,001 - $50,000	$15,001 - $50,000	
JT-IRA	JP Morgan Chase common stock	Merrill Lynch	506-85106	$50,001 - $100,000	Dividend	$1,001 - $2,500	$1,001 - $2,500	
JT-IRA	IBM common stock	Merrill Lynch	506-85106	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
JT-IRA	AIM Capital Development Fund	UBS	59127	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
JT-IRA	AIM Capital Development Fund	UBS	59127		Capital Gain	$2,501 - $5,000	NA	
JT-IRA	Alliance Bernstein Growth Fund	UBS	59127	$15,001 - $50,000	Dividend	NA	$201 - $1,000	
JT-IRA	Federated Strategic Income Fund	UBS	59127	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund	UBS	59127	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund	UBS	59127		Capital Gain	$201 - $1,000	NA	
JT-IRA	Federated Kaufman Fund	UBS	59127	$1,001 - $15,000	Dividend	NA	$1 - $200	
JT-IRA	Federated Kaufman Fund	UBS	59127		Capital Gain	$201 - $1,000	NA	
JT-IRA	Federated Capital Appreciation Fund	UBS	59127	$1,001 - $15,000	Dividend	NA	NA	
JT-IRA	UBS U.S. Allocation Fund	UBS	59127	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
JT-IRA	Formally UBS Tactical Allocation Fund			NA				
JT-IRA	MFS Capital Opportunities Fund	UBS	59127	$15,001 - $50,000	Dividend	NA	NA	
JT-IRA	UBS PW Retirement Money Fund	UBS	59127	$1 - $1,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	AIM Constellation Fund	Merrill Lynch	506-85106	$1,001 - $15,000		NA	NA	
JT-IRA	Valley National Bancorp	Merrill Lynch	506-85106	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	ML Bank USA RASP	Merrill Lynch	506-85106	$1 - $1,000	Dividend	$1 - $200	$1 - $200	

SP/DC/JT	Block A Assets and Income Source			Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P.S.F.
JT-IRA	Centennial Money Market Trust	AG Edwards	50045	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Putnam Health Science Trust	AG Edwards	50045	$1,001 - $15,000		NA	NA	
JT-IRA	Eaton Vance Special Investment Trust	AG Edwards	50045	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	US Treasury Strips	Merrill Lynch	506-85106	$1,001 - $15,000		NA	NA	
	** The following assets were inherited in 2005*							
SP	Edward Jones Money Market	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$1 - $200	NA	*
SP	Port Seattle Washington Rev Bd 10/01/08	Edward Jones	146-10462	$1,001 - $15,000	Interest	$1 - $200	NA	*
SP	Chicago Il Midway Rev Bd 01/01/2011	Edward Jones	146-10462	$1,001 - $15,000	Interest	$1 - $200	NA	*
SP	Dallas/Ft Worth Intl Airport Rev Bd 11/01/200	Edward Jones	146-10462	$1,001 - $15,000	Interest	$1 - $200	NA	*
SP	Van Kampen Unit Trust 490 Series 18	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	AT&T Common Stock	Edward Jones	146-10462	$1 - $1,000	Dividend	$1 - $200	NA	*
SP	Campbell Soup Common Stock	Edward Jones	146-10462	$1 - $1,000	Dividend	$1 - $200	NA	*
SP	Coca-Cola Common Stock	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Microsoft Corp common Stock	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	American Balanced Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	American Mutual Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Capital Income Builder Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$201 - $1,000	NA	*
SP	Capital World Growth & Income Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$201 - $1,000	NA	*
SP	Columbia Tax Exempt Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Interest-exempt	$201 - $1,000	NA	*
SP	Euro Pacific Growth Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000		NA	NA	*
SP	Federated Equity Income Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$1 - $200	NA	*
SP	Fundamental Investors Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$1 - $200	NA	*
SP	Growth Fund of America Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Hartford Global Health Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000		NA	NA	*
SP	Hartford Stock Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000		NA	NA	*
SP	Investment Company of America Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$201 - $1,000	NA	*
SP	New World Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Tax Exempt Bond Fund of America Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Washington Mutual Investors Fund Cl A	Edward Jones	146-10462	$50,001 - $100,000	Dividend	$201 - $1,000	NA	*
SP	Fishers in Economic Dev Wtr 5.05% 05/15/28	Edward Jones	146-10462	NA	Interest	$1 - $200	NA	*
SP-IRA	Washington Mutual Investors Fund Cl A	Edward Jones	146-93976	$1,001 - $15,000	Dividend	$1 - $200	NA	*S

SCHEDULE IV — TRANSACTIONS

Name: K. Michael Conaway

Page — of —

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	See Attached														

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K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule IV
TRANSACTIONS

SP/DC/JT	Asset	Type of Transaction			Date	Amount
		Purchase	Sale	Exchange		
SP	Oppenheimer Rochester Nat'l Muni Fund Cl	x			12/27/05	$50,001 - $100,000
SP	SV Investments I, Ltd.	x			12/29/05	$15,001 - $50,000
JT	Note Rec-Conawell Corp., Midland, Texas		x		09/02/03	$1,001 - $5,000
SP	American National Bank & Trust CD 7.10%		x		04/12/05	$50,001 - $100,000
SP	Westernbank CD 3.45% 05/11/06	x			05/06/05	$50,001 - $100,000
SP	Fleet National Bank CD 6.850% 05/09/05		x		05/09/05	$50,001 - $100,000
SP	Oriental Bank & Trust CD 3.5% 06/08/05	x			06/08/05	$50,001 - $100,000
SP	First USA Bank CD 7.10% 04/12/05		x		04/12/05	$50,001 - $100,000
SP	Capital One Bank CD 3.85% 05/18/07	x			05/09/05	$50,001 - $100,000
SP	Westernbank CD 3.85% 05/18/07	x			05/18/05	$50,001 - $100,000
SP	Fishers in Economic Dev Wtr 5.05% 05/15/28		x		12/15/05	$1,001 - $5,000
	Inherited asset					

SCHEDULE V — LIABILITIES

Name: K. Michael Conaway | Page ___ of ___

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	See Attached											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: *The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.*

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule V
LIABILITIES

SP/DC/JT	CREDITOR	TYPE OF LIABILITY	G
JT	CitiMortgage PO Box 8003 South Hackensack, NJ 07606	Mortgage on 1358 South Carolina Ave, Washington, DC 20003	$500,000-$1,000,000

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); *political travel that is required to be reported under the Federal Election Campaign Act*; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	See Attached						

May. 15 2006 03:24PM P14
PHONE NO. :
FROM :

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule VII
Travel Payments And Reimbursements

Source	Date(s)	Point of Departure-Destination-Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expenses
Heritage Foundation	Jan 17 - Jan 18	Washington, DC - Baltimore, MD - Washington, DC	Y	Y	N	0
Chicago Mercantile Exchange	Apr 11 - Apr 12	Washington, DC - Chicago, IL Washington, DC	Y	Y	N	0

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
See Attached	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

OPG Rdw 75-428 (rev)

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule VIII
POSITIONS

Position	Name of Organization	2005	2004	2003	2002
Presiding Officer & board member	Texas State Board of Accountancy			*	Yes
Board member - Chairman 2002 & 2003	National Association of State Boards of Accountancy			Yes	Yes
Board member - Chairman 2002 & 2003	Permian Basin Community Centers	Yes	Yes	Yes	Yes
Board member - Chairman 2002	Permian Basin Area Foundation			Yes	Yes
Board member - Lifetime	United Way of Midland	Yes	Yes	Yes	Yes
Board member	Midland Chamber of Commerce			Yes	Yes
School of Education Advisory Council	University of Texas Permian Basin	Yes	Yes	Yes	Yes
Board of directors and Rodeo Committee	Sandhills Hereford & Quarterhorse Show, Inc.	Yes	Yes	Yes	Yes
Board of directors	Texas Society of Certified Public Accountants	Yes	Yes	Yes	Yes
Sole Proprietor	K. Michael Conaway, CPA	Yes	Yes	Yes	Yes
Board of directors - President	Conawell Corporation	Yes	Yes	Yes	Yes
Board of directors - President	Conabain Corporation	Yes	Yes	Yes	Yes
Board of directors - President	KMC, Inc.	Yes	Yes	Yes	Yes
Board of directors - Vice-President	Kidwell Exploration	Yes	Yes	Yes	Yes
Chairman	City of Midland - Citizens Advisory Committee - Comprehensive Plan			Yes	Yes
Member	Beta Alpha Psi - National Advisory Forum			Yes	Yes
	* Resignation effective 01/12/2003				

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

MAY 1 5 2006 17
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K. Michael Conaway
(Full Name)

511 Cannon Building
(Mailing Address)

Washington, D.C 20515

(202) 225-3605
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	K. Mike Conaway	5/15/06

Name	Page ___ of ___
R. Michael Conaway	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income *exceeding* $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See Attached		
	None		

For payments to charity in lieu of honoraria, use Schedule II.

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule 1
Earned Income

SOURCE	TYPE	AMOUNT	
		Current Year 2005	Previous Year 2004
K. Michael Conaway, CPA	Client Fees	$ -	$ 8,475

Name K. Michael Conaway | Page ___ of ___

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: K. Michael Conaway

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C						Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	See Attached																															

For additional assets and unearned income, use next page.

Financial Disclosure Statement
December 31, 2005
Schedule III
ASSETS AND "UNEARNED INCOME"

SP/DC/JT	Block A Assets and Income Source			Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P,S,E
	Publicly traded common stock							
SP Trust	Novell	AG Edwards	340-050223	$1 - $1,000		NA	NA	
SP Trust	CISCO Systems	AG Edwards	340-050223	$1,001 - $15,000		NA	NA	
SP Trust	Micron Technology	AG Edwards	340-047605	$1,001 - $15,000		NA	NA	
SP Trust	Teradyne Inc	AG Edwards	340-050223	$1,001 - $15,000		NA	NA	
SP Trust	Microsoft Corp	AG Edwards	340-050223	$1,001 - $15,000	Dividend	$1 - $200	$201 - $1,000	
SP Trust	Clayton Williams Energy	AG Edwards	340-050223	$15,001 - $50,000		NA	NA	
SP Trust	Southwest Airlines	AG Edwards	340-047605	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
	Money Market accounts							
SP Trust	Centennial Money Market Trust	AG Edwards	340-047605	$1,001 - $15,000	Dividend	$1,001 - $2,500	$201 - $1,000	
SP Trust	Merrill Lynch Money Fund	Merrill Lynch	25969	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP Trust	RMA Money Market-UBS Paine Weber	UBS	62987	$1,001 - $15,000	Dividend	$1 - $200	NA	
	Publicly traded mutual funds							
SP Trust	Dreyfus Premier Tax Managed Growth Fd Cl A	UBS	62987	$15,001 - $50,000		NA		
SP Trust	Dreyfus Premier Tax Managed Growth Fd Cl B	UBS	62987	$15,001 - $50,000	Dividend	$1 - $200		
SP Trust	Eaton Vance Tax Managed Growth Fd Cl B	UBS	62987	$50,001 - $100,000	Dividend	$1 - $200		
SP Trust	Magnolia Texas ISD Bonds	Merrill Lynch	25969	$50,001 - $100,000	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP Trust	Federated Municipal High Yield Advantage Fd	UBS	62987	$50,001 - $100,000	Dividend	$2,501 - $5,000		
SP Trust	MFS Municipal High Income Fd Cl A	UBS	62987	$100,001 - $250,000	Dividend	$5,001 - $15,000		
SP Trust	Southwest Airlines	AG Edwards	340-050223	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Micron Technology	AG Edwards	340-050223	$1,001 - $15,000		NA	NA	
SP Trust	Wells Fargo Checking - Midland, Texas		543322	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP Trust	Eaton Vance Tax Managed Growth Fund	UBS	625988	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
SP Trust	Franklin Templeton Founding Fund	UBS	625988	$50,001 - $100,000	Dividend	$201 - $1,000	$201 - $1,000	
SP Trust	Franklin Templeton Founding Fund	UBS	625988		Capital Gain	$201 - $1,000	$201 - $1,000	
SP Trust	UBS Money Fund Fund	UBS	625988	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP Trust	Centennial Money Market Trust	AG Edwards	340-050223	$15,001 - $50,000	Dividend	$201 - $1,000	NA	
	Managed Trusts							
SP Trust	Merrill Lynch Managed Account-Acct N	Merrill Lynch	425-26281	$100,001 - $250,000	Dividend & Interest	$5,001 - $15,000	$201 - $1,000	
SP Trust	Merrill Lynch Managed Account-Acct N	Merrill Lynch	425-26281		Capital Gain	$50,001 - $100,000	$5,001 - $15,000	P/S

SP/DC/JT	Assets and Income Source			Value of Assets	Type of Income	Amount of Income Current Year	Amount of Income Prior Year	P,S,E
SP Trust	Merrill Lynch Managed Account-Acct E	Merrill Lynch	425-26280	$100,001 - $250,000	Dividend & Interest	$1 001 - $2,500	$1.001 - $2,500	
SP Trust	Merrill Lynch Managed Account-Acct E	Merrill Lynch	425-26280		Capital Gain	$15,001 - $50,000	$1.001 - $2,500	P/S
SP Trust	Kidwell Exploration-S Corp, Midland, Texas			$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5.000	$2,501 - $5.000	
SP Trust	Oil & Gas Mineral Interests			$50,001 - $100,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	La Otra Cattle Co - Partnership - Midland, Tex	K-1	75-1920817	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	Telephonica Moviles Argentina SA BA Ord	AG Edwards	47605	*Price not available*		NA	NA	
SP Trust	Telephonica de Argentina SA Ord Cl B	AG Edwards	47605	$1.001 - $15,000		NA	NA	
JT	Conawell Corporation-S Corp, Midland, Texas			$50,001 - $100,000	Dividend	$15,001 - $50,000	$201 - $1,000	
JT	Merrill Lynch Money Fund	Merrill Lynch	25839	$15,001 - $50,000	Interest	$201 - $1,000	$1 - $200	
JT	Clayton Williams Energy - common stock	AG Edwards	53443	$15,001 - $50,000		NA	NA	
JT	Note Rec-Conawell Corp., Midland, Texas			NA			NA	S
	Included in 2004 in error, paid off in 2003							
JT	Wells Fargo Bank - checking - Midland, Texas		9971	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
JT	Wells Fargo Bank - savings - Midland, Texas		2281	$1,001 - $15,000	Interest	$1 - $200	$201 - $1,000	
JT	Wright Patman Federal Credit Union - checking	152151	quillen	$1,001 - $15,000		NA	NA	
JT	Wright Patman Federal Credit Union - savings	152151	quillen	$1 - $1,000	Interest	NA		
JT	Novell, Inc	AG Edwards	53443	$1 - $1,000		NA	NA	
JT	Turbosonic Technologies	AG Edwards	53443	$1 - $1,000		NA	NA	
JT	Centennial Money Market	AG Edwards	53443	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
KMC	Lario Oil & Gas Co - Oil & Gas - Midland, Texas			$1,001 - $15,000	Oil & Gas Royalty	$2,501 - $5.000	$2,501 - $5 000	
KMC	KMC, Inc - Investments - Midland, Texas			$1,001 - $15,000		NA	NA	
KMC	Conabain Corp - Oil & Gas - Midland, Texas			$1,001 - $15,000	Oil & Gas Royalty	$1 - $200	$1 - $200	
	Publicly traded common stock							
KMC	Harkin Energy			$1,001 - $15,000		NA	NA	
SP	Merrill Lynch Bank USA-Midland, Texas			NA		NA	NA	
	Combined with Merrill Lynch below							
	Publicly traded mutual funds							
SP	Van Kampen Tax Exempt High Yield Fund	UBS	62986	$100,001 - $250,000	Dividend	$5,001 - $15,000	$5,001 - $15,000	
	Oppenheimer Rochester Nat'l Muni Fund Cl A	UBS	62986	$50,001 - $100,000		NA	NA	P
SP	RMA Money Market			NA		NA	$1.001 - $2,500	
	name change/asset transfer to UBS Bank USA							
SP	Merrill Lynch Bank & Trust	Merrill Lynch	25840	$50,001 - $100,000	Interest	$2,501 - $5.000	$1 001 - $2,500	
SP	Pioneer Municipal High Income Advantage	UBS	62986	$100,001 - $250,000	Dividend-TE	$5,001 - $15,000	$2,501 - $5.000	
SP	UBS Bank USA Dep Acct	UBS	62986	$1,001 $15,000	Dividend	$1.001 - $2,500	$201 - $1,000	
SP	Federated Strategic Income Fund	UBS	62986	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
SP	Federated Market Opportunities Fund	UBS	62986	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
SP	Federated Kaufman Fund	UBS	62986	$15,001 - $50,000	Capital Gain	$201 - $1,000	NA	

SP/DC/JT	Assets and Income Source			Value of Assets	Type of Income	Amount of Income		P,S,E
						Current Year	Prior Year	
SP	Federated Kaufman Fund	UBS	62986		Dividend	$1 - $200	$1 - $200	
SP	Federated Capital Appreciation Fund	UBS	62986	$15,001 - $50,000	Dividend	$1 - $200	NA	
SP	Franklin Templeton Founding Fund	UBS	62986	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP	Scudder Short Term Muni Bond Fund	Merrill Lynch	25840	$500,001 - $1,000,000	Dividend-TE	$15,001 - $50,000	$15,001 - $50,000	
SP	Houston Texas Water & Sewer Bonds 5.25%	Merrill Lynch	25840	$100,001 - $250,000	Interest-TE	$5,001 - $15,000	$5,001 - $15,000	
SP	American National Bank & Trust CD 7.10%	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$5,001 - $15,000	S
SP	Westernbank CD 3.45% 05/11/06	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Fleet National Bank CD 6.850% 05/09/05	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$5,001 - $15,000	S
SP	Oriental Bank & Trust CD 3.5% 06/08/05	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	First USA Bank CD 7.10% 04/12/05	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$5,001 - $15,000	S
SP	Capital One Bank CD 3.85% 05/18/07	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Provident Bank of Maryland CD 5.50%	Merrill Lynch	25840	NA	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP	Westernbank CD 3.85% 05/18/07	Merrill Lynch	25840	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Magnolia Texas ISD Bonds 5.125% 08	Merrill Lynch	25840	$50,001 - $100,000	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP	Wells Fargo Bank - checking - Midland, Texas			$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP	La Otra Cattle Co - Partnership - Midland, Tex/	K-1	75-1920817	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP	Kidwell Exploration, S Corp-Midland, Texas			$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
SP	SV Investments, Ltd.	K-1		$15,001 - $50,000	Investment Partnership	NA	NA	P
SP	Prudential SSA			NA	Structured Settlement Payment	$50,001 - $100,000	$50,001 - $100,000	
SP	Met life Insurance			NA	Structured Settlement Payment	$50,001 - $100,000	$50,001 - $100,000	
SP	Allstate Insurance			NA	Structured Settlement Payment	$15,001 - $50,000	$15,001 - $50,000	
JT-IRA	JP Morgan Chase common stock	Merrill Lynch	506-85106	$50,001 - $100,000	Dividend	$1,001 - $2,500	$1,001 - $2,500	
JT-IRA	IBM common stock	Merrill Lynch	506-85106	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
JT-IRA	AIM Capital Development Fund	UBS	59127	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
JT-IRA	AIM Capital Development Fund	UBS	59127		Capital Gain	$2,501 - $5,000	NA	
JT-IRA	Alliance Bernstem Growth Fund	UBS	59127	$15,001 - $50,000	Dividend	NA	$201 - $1,000	
JT-IRA	Federated Strategic Income Fund	UBS	59127	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund	UBS	59127	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund	UBS	59127		Capital Gain	$201 - $1,000	NA	
JT-IRA	Federated Kaufman Fund	UBS	59127	$1,001 - $15,000	Dividend	NA	$1 - $200	
JT-IRA	Federated Kaufman Fund	UBS	59127		Capital Gain	$201 - $1,000	NA	
JT-IRA	Federated Capital Appreciation Fund	UBS	59127	$1,001 - $15,000	Dividend	NA	NA	
JT-IRA	UBS U.S. Allocation Fund	UBS	59127	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
JT-IRA	Formally UBS Tactical Allocation Fund			NA				
JT-IRA	MFS Capital Opportunities Fund	UBS	59127	$15,001 - $50,000	Dividend	NA	NA	
JT-IRA	UBS PW Retirement Money Fund	UBS	59127	$1 - $1,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	AIM Constellation Fund	Merrill Lynch	506-85106	$1,001 - $15,000		NA	NA	
JT-IRA	Valley National Bancorp	Merrill Lynch	506-85106	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	ML Bank USA RASP	Merrill Lynch	506-85106	$1 - $1,000	Dividend	$1 - $200	$1 - $200	

SP/DC/JT	Assets and Income Source			Value of Assets	Type of Income	Amount of Income		P.S.E
						Current Year	Prior Year	
JT-IRA	Centennial Money Market Trust	AG Edwards	50045	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Putnam Health Science Trust	AG Edwards	50045	$1,001 - $15,000		NA	NA	
JT-IRA	Eaton Vance Special Investment Trust	AG Edwards	50045	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	US Treasury Strips	Merrill Lynch	506-85106	$1,001 - $15,000		NA	NA	
	The following assets were inherited in 2005							
SP	Edward Jones Money Market	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$1 - $200	NA	*
SP	Port Seattle Washington Rev Bd 10/01/08	Edward Jones	146-10462	$1,001 - $15,000	Interest	$1 - $200	NA	*
SP	Chicago Il Midway Rev Bd 01/01/2011	Edward Jones	146-10462	$1,001 - $15,000	Interest	$1 - $200	NA	*
SP	Dallas/Ft Worth Intl Airport Rev Bd 11/01/2009	Edward Jones	146-10462	$1,001 - $15,000	Interest	$1 - $200	NA	*
SP	Van Kampen Unit Trust 490 Series 18	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	AT&T Common Stock	Edward Jones	146-10462	$1 - $1,000	Dividend	$1 - $200	NA	*
SP	Campbell Soup Common Stock	Edward Jones	146-10462	$1 - $1,000	Dividend	$1 - $200	NA	*
SP	Coca-Cola Common Stock	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Microsoft Corp common Stock	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	American Balanced Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	American Mutual Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Capital Income Builder Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$201 - $1,000	NA	*
SP	Capital World Growth & Income Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$201 - $1,000	NA	*
SP	Columbia Tax Exempt Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Interest-exempt	$201 - $1,000	NA	*
SP	Euro Pacific Growth Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000		NA	NA	*
SP	Federated Equity Income Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$1 - $200	NA	*
SP	Fundamental Investors Fund Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$1 - $200	NA	*
SP	Growth Fund of America Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Hartford Global Health Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000		NA	NA	*
SP	Hartford Stock Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000		NA	NA	*
SP	Investment Company of America Cl A	Edward Jones	146-10462	$15,001 - $50,000	Dividend	$201 - $1,000	NA	*
SP	New World Fund Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Tax Exempt Bond Fund of America Cl A	Edward Jones	146-10462	$1,001 - $15,000	Dividend	$1 - $200	NA	*
SP	Washington Mutual Investors Fund Cl A	Edward Jones	146-10462	$50,001 - $100,000	Dividend	$201 - $1,000	NA	*
SP	Fishers in Economic Dev Wtr 5.05% 05/15/28	Edward Jones	146-10462	NA	Interest	$1 - $200	NA	*
SP-IRA	Washington Mutual Investors Fund Cl A	Edward Jones	146-93976	$1,001 - $15,000	Dividend	$1 - $200	NA	*S

SCHEDULE IV — TRANSACTIONS

Name: K. Michael Conaway

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–05		X								
	See Attached															

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K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule IV
TRANSACTIONS

SP/DC/JT	Asset	Type of Transaction			Date	Amount
		Purchase	Sale	Exchange		
SP	Oppenheimer Rochester Nat'l Muni Fund Cl	x			12/27/05	$50,001 - $100,000
SP	SV Investments I, Ltd.	x			12/29/05	$15.001 - $50,000
JT	Note Rec-Conawell Corp., Midland, Texas		x		09/02/03	$1,001 - $5,000
SP	American National Bank & Trust CD 7.10%		x		04/12/05	$50,001 - $100,000
SP	Westernbank CD 3.45% 05/11/06	x			05/06/05	$50,001 - $100,000
SP	Fleet National Bank CD 6.850% 05/09/05		x		05/09/05	$50,001 - $100,000
SP	Oriental Bank & Trust CD 3.5% 06/08/05	x			06/08/05	$50,001 - $100,000
SP	First USA Bank CD 7.10% 04/12/05		x		04/12/05	$50,001 - $100,000
SP	Capital One Bank CD 3.85% 05/18/07	x			05/09/05	$50,001 - $100,000
SP	Westernbank CD 3.85% 05/18/07	x			05/18/05	$50,001 - $100,000
SP	Fishers in Economic Dev Wtr 5.05% 05/15/28 *Inherited asset*		x		12/15/05	$1,001 - $5,000

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	See Attached											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

R. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule V
LIABILITIES

SP/DC/JT	CREDITOR	TYPE OF LIABILITY	G
JT	CitiMortgage PO Box 8003 South Hackensack, NJ 07606	Mortgage on 1358 South Carolina Ave, Washington, DC 20003	$500,000-$1,000,000

Name K. Michael Conaway Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	See Attached						

R. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule VII
Travel Payments And Reimbursements

Source	Date(s)	Point of Departure-Destination-Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expenses
Heritage Foundation	Jan 17 - Jan 18	Washington, DC - Baltimore, MD - Washington, DC	Y	Y	N	0
Chicago Mercantile Exchange	Apr 11 - Apr 12	Washington, DC - Chicago, IL Washington, DC	Y	Y	N	0

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
See Attached	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule VIII
POSITIONS

Position	Name of Organization	2005	2004	2003	2002
Presiding Officer & board member	Texas State Board of Accountancy			*	Yes
Board member - Chairman 2002 & 2003	National Association of State Boards of Accountancy			Yes	Yes
Board member - Chairman 2002 & 2003	Permian Basin Community Centers	Yes	Yes	Yes	Yes
Board member - Chairman 2002	Permian Basin Area Foundation			Yes	Yes
Board member - Lifetime	United Way of Midland	Yes	Yes	Yes	Yes
Board member	Midland Chamber of Commerce			Yes	Yes
School of Education Advisory Council	University of Texas Permian Basin	Yes	Yes	Yes	Yes
Board of directors and Rodeo Committee	Sandhills Hereford & Quarterhorse Show, Inc.	Yes	Yes	Yes	Yes
Board of directors	Texas Society of Certified Public Accountants	Yes	Yes	Yes	Yes
Sole Proprietor	K. Michael Conaway, CPA	Yes	Yes	Yes	Yes
Board of directors - President	Conawell Corporation	Yes	Yes	Yes	Yes
Board of directors - President	Conabain Corporation	Yes	Yes	Yes	Yes
Board of directors - President	KMC, Inc.	Yes	Yes	Yes	Yes
Board of directors - Vice-President	Kidwell Exploration	Yes	Yes	Yes	Yes
Chairman	City of Midland - Citizens Advisory Committee - Comprehensive Plan			Yes	Yes
Member	Beta Alpha Psi - National Advisory Forum			Yes	Yes

* Resignation effective 01/12/2003

K. Michael Conaway
Member of Congress
11th District of Texas
511 Cannon Building
Washington, D.C. 20515

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER 3
2006 MAY 26 AM 8:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓
MC

May 25, 2006

Office of the Clerk
U.S. House of Representatives
Legislative Resource Center, Room B-106
Cannon House Office Building
Washington, D.C. 20515-6612

RE: Amended Financial Disclosure Statement

Dear Sir,

Schedule I and Schedule V should have been noted as NONE. Although there was Earned Income in 2004, there was no Earned Income in 2005. The mortgage noted on Schedule V is for a personal residence. In addition, I have attached the missing page 1 of Schedule III, Assets and "Unearned Income". Current Year in Schedule III refers to 2005.

Sincerely,

K. Michael Conaway

(432) 685-1433 - (432) 685-1435 facsimile
mikeconaway65@yahoo.com

Financial Disclosure Statement
December 31, 2005
Schedule III
ASSETS AND "UNEARNED INCOME"

SP/DC/JT	Block A Assets and Income Source			Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P.S.F.
	Publicly traded common stock							
SP Trust	Novell	AG Edwards	340-050223	$1 - $1,000		NA	NA	
SP Trust	CISCO Systems	AG Edwards	340-050223	$1,001 - $15,000		NA	NA	
SP Trust	Micron Technology	AG Edwards	340-047605	$1,001 - $15,000		NA	NA	
SP Trust	Teradyne Inc	AG Edwards	340-050223	$1,001 - $15,000		NA	NA	
SP Trust	Microsoft Corp	AG Edwards	340-050223	$1,001 - $15,000	Dividend	$1 - $200	$201 - $1,000	
SP Trust	Clayton Williams Energy	AG Edwards	340-050223	$15,001 - $50,000		NA	NA	
SP Trust	Southwest Airlines	AG Edwards	340-047605	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
	Money Market accounts							
SP Trust	Centennial Money Market Trust	AG Edwards	340-047605	$1,001 - $15,000	Dividend	$1,001 - $2,500	$201 - $1,000	
SP Trust	Merrill Lynch Money Fund	Merrill Lynch	25969	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP Trust	RMA Money Market-UBS Paine Weber	UBS	62987	$1,001 - $15,000	Dividend	$1 - $200	NA	
	Publicly traded mutual funds							
SP Trust	Dreyfus Premier Tax Managed Growth Fd Cl A	UBS	62987	$15,001 - $50,000		NA		
SP Trust	Dreyfus Premier Tax Managed Growth Fd Cl B	UBS	62987	$15,001 - $50,000	Dividend	$1 - $200		
SP Trust	Eaton Vance Tax Managed Growth Fd Cl B	UBS	62987	$50,001 - $100,000	Dividend	$1 - $200		
SP Trust	Magnolia Texas ISD Bonds	Merrill Lynch	25969	$50,001 - $100,000	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP Trust	Federated Municipal High Yield Advantage Fd	UBS	62987	$50,001 - $100,000	Dividend	$2,501 - $5,000		
SP Trust	MFS Municipal High Income Fd Cl A	UBS	62987	$100,001 - $250,000	Dividend	$5,001 - $15,000		
SP Trust	Southwest Airlines	AG Edwards	340-050223	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Micron Technology	AG Edwards	340-050223	$1,001 - $15,000		NA	NA	
SP Trust	Wells Fargo Checking - Midland, Texas		543372	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP Trust	Eaton Vance Tax Managed Growth Fund	UBS	625988	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
SP Trust	Franklin Templeton Founding Fund	UBS	625988	$50,001 - $100,000	Dividend	$201 - $1,000	$201 - $1,000	
SP Trust	Franklin Templeton Founding Fund	UBS	625988		Capital Gain	$201 - $1,000	$201 - $1,000	
SP Trust	UBS Money Fund Fund	UBS	625988	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP Trust	Centennial Money Market Trust	AG Edwards	340-050223	$15,001 - $50,000	Dividend	$201 - $1,000	NA	
	Managed Trusts							
SP Trust	Merrill Lynch Managed Account-Acct N	Merrill Lynch	425-26281	$100,001 - $250,000	Dividend & Interest	$5,001 - $15,000	$201 - $1,000	

SP/DC/JT	Assets and Income Source			Value of Assets	Type of Income	Amount of Income Current Year	Amount of Income Prior Year	P,S,E
SP Trust	Merrill Lynch Managed Account-Acct N	Merrill Lynch	425-26281		Capital Gain	$50,001 - $100,000	$5,001 - $15,000	P/S

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 4:27 9
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

John Conyers, Jr.
(Full Name)
2426 Rayburn House Office Building
(Mailing Address)
Washington, D.C. 20515
Daytime Telephone (202) 225-5126

Filer Status	☒ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Conyers Jr.	5 11 06.

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Council Member for the City of Detroit, MI	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	NA			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Conyers, Jr. | Page 7 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during *the calendar year.*

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. *Dividends, even if reinvested, should* be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster				indefinite															Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	Congressional Fed. Credit Union		X													X					X											
	Congressional Fed. Credit Union		X													X					X											
	Congressional Fed. Credit Union		X													X					X											
SP	Investment Property				X										X						X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name John Conyers, Jr.

Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	NA																													

This page may be copied if more space is required.

Name John Conyers, Jr. | Page 6 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	NA														

This page may be copied if more space is required.

Name John Conyers, Jr. | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Thrift Savings Plan	Personal		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NA		

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
Haiti Support Project	January 9	DTW - LGA - DTW	Y	Y	N	None
Davis Smiley, Inc.	Feb. 25-27	DTW - ATL - DTW	Y	Y	N	None
Rainbow Push Coalition	March 4-5	DTW - Chicago - DTW	Y	Y	N	None
Health Care NOW	May 14	DTW - LGA - DTW	N	Y	N	None
Baltimore Alumni Chapter of Kappa Alpha Psi Fraternity	June 4	DCA - Baltimore - DTW	N	Y	N	None
National Music Council	June 7	DTW - LGA - DCA	N	Y	N	None
Committee to Re-Elect Lynn Woolsey	Aug. 27-28	DTW - Oakland, CA - DTW	Y	Y	N	None
Xernona Inc.	Aug. 25-26	DTW - ATL - DTW	Y	Y	N	None
NY Metropolitan Black Bar Assoc.	Sept. 12-13	DCA - NY - DCA	Y	Y	N	None
Pearl Kern, Health Care Organizer	Sept. 17	DTW - LGA - DTW	N	Y	N	None
Sabrina Marie Wilson, Organizer	Oct. 22	DTW - BHM - DTW	Y	Y	N	None
Brown University	Nov. 28-29	DTW - Rhode Island - DTW	Y	Y	N	None

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NA	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 18 PM 5:08
(Office Use Only)

John Conyers Jr.
(Full Name)
2426 Rayburn House Office Building
(Mailing Address)
Washington, D.C. 20515
Daytime Telephone (202) 225-5126

Filer Status	☒ Member of the U.S. House of Representatives — State Michigan, District 14th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John Conyers Jr.	5/16/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Council Member for the City of Detroit, MI	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	NA			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Conyers, Jr. Page 1 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the Institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C						Block D												Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	DC Simon & Schuster				Indefinite															Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X										X						
	SP Investment Property 3351 Charlevoix St. Detroit, MI 48207				X										X						X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Conyers, Jr. Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	NA				

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SCHEDULE IV — TRANSACTIONS

Name John Conyers, Jr. | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type			Date	Amount of Transaction									
SP, DC, JT		Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example:	Mega Corporation Common Stock	X			10–12–05		X								
		NA														

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Name John Conyers, Jr. Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Congressional Federal Credit Union	Overdraft Reserve	X									
	Sallie Mae	unsecured loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NA		

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Haiti Support Project	January 9	DTW-LGA-DTW	N	Y	N	None
	Travis Smiley, Inc.	Feb. 25-27	DTW-ATL-DTW	Y	Y	N	None
	Rainbow Push Coalition	March 4-5	DTW-Chicago-DTW	Y	Y	N	None
	Health Care NOW	May 14	DTW-LGA-DTW	N	Y	N	None
	Baltimore Alumni Chapter of Kappa Alpha Psi Fraternity	June 4	DCA-Baltimore-DTW	N	Y	N	None
	National Music Council	June 2	DTW-LGA-DCA	N	Y	N	None
	Committee to Re-Elect Lynn Woolsey	Aug. 27-28	DTW-Oakland, CA-DTW	Y	Y	N	None
	Xernona Inc.	Aug. 25-26	DTW-ATL-DTW	Y	Y	N	None
	NY Metropolitan Black Bar Assoc.	Sept. 12-13	DCA-NY-DCA	Y	Y	N	None
	Pearl Korn, Health Care Organizer	Sept. 17	DTW-LGA-DTW	N	Y	N	None
	Sabrina Marie Wilson Organizer	Oct. 22	DTW-BHM-DTW	Y	Y	N	None
	Brown University	Nov. 28-29	DTW-Rhode Island-DTW	Y	Y	N	None

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
NA	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

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2006 JUN 15 AM 9:27
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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

James H.S. ("Jim") Cooper
(Full Name)

2319 Woodmont Blvd. Nashville, TN 37215
(Mailing Address)

202-225-4311
Daytime Telephone:

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status: ☑ Member of the U.S. House of Representatives — State: TN — District: 5 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	[signature]	June 15, 2006

965

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name James H.S. ("Jim") Cooper

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo, Washington, DC	Appearance	Sept. 13, 2005	$500 Duchenne Foundation
E.W. James & Sons, Union City, TN	Appearance	June 8, 2005	$50 Second Harvest Food Bank

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Adam's Properties, Gulfport, MS, 1504 Beach Drive, rental house	$50,001 - $100,000	Insurance Proceeds	$50,001 - $100,000	(destroyed by Hurricane Katrina, but insured)
	Assistive Technology Company stock, wheelchair distributor, Naperville, IL	$50,001 - $100,000	CAPITAL GAINS	NONE	
	ATT stock	$1 - $1,000	DIVIDENDS	$1 - $200	
	Berkshire Hathaway stock	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Centennial Money Market shares	$250,001 - $500,000	INTEREST	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	Coca Cola stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Comcast New A stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Congressional Credit Union checking and savings accounts	$50,001 - $100,000	INTEREST	$201 - $1,000	
	Cooper Bros. Partnership, farm land and lots, Shelbyville, TN and Smith Mills, KY, and Nashville, TN (see attached schedule for details)	$500,001 - $1,000,000	Partnership Income	K-1 Not Yet Filed	
	Discovery Fund, L.P.	$1,001 - $15,000	CAPITAL GAINS	NONE	
	DNP (Duff & Phelps) Select Income shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	EDT Learning Co. Stock (now called iLinc Communications)	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Essent Health Care stock, hospital company, Nashville, TN	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Federated GNMA Institutional shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Fidelity Contrafund shares	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Fidelity Growth and Income shares	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	Fidelity Municipal Money Market shares	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Fifth Third Bank stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	General Electric stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Hamilton Fairfax, LLC, Nashville, TN, 2106 Fairfax, apartment building	$100,001 - $250,000	Partnership Income	K-1 Not Yet Filed	
	Harpeth Green Properties, LLC, Brentwood, TN, Heritage Retirement Facilities LLC and Heritage Health Center LLC, Heritage Way	$100,001 - $250,000	Partnership Income	$201 - $1,000	
	Hewlett Packard stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IBM stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Intel stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Lennox International stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Microsoft stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Nortel stock	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Northern Trust Inst. Gov. Portfolio	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Phoenix Companies stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	PLC Properties LLC, Brentwood, TN, Virginia Way, undeveloped land, and Orlinda, TN, 5557 Hwy 31 West, warehouse	$500,001 - $1,000,000	Partnership Income	K-1 Not Yet Filed	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	Procter and Gamble stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Qualcomm stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Roundtable Partners II	$50,001 - $100,000	Other: Return of Capital	$15,001 - $50,000	S
	Select Medical stock	$15,001 - $50,000	DIVIDENDS	NONE	S
	Small Town Cable Partners, cable TV company, Brentwood, TN	$15,001 - $50,000	CAPITAL GAINS	NONE	
	Spence Limited Partnership	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	SunTrust Bank checking account	$50,001 - $100,000	INTEREST	$201 - $1,000	
	SunTrust Bank stock	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	Thoma Cressey Friends Funds VI and VII, venture capital funds, Chicago, IL	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000	
	TIAA-CREF	$15,001 - $50,000	INTEREST/CAPITAL GAINS	$201 - $1,000	
	Wachovia stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name James H.S. ("Jim") Cooper

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Dr. Phillip Daugherty Estate 3+ acres at 2317 Woodmont Blvd., Nashville, TN 37215	P	06-30-05	$1,000,001 - $5,000,000
SP	Joseph C. And Rita Ann Spalding, 1.86 acres and house at 2317 Woodmont Blvd., Nashville, TN 37215	S	06-30-05	$1,000,001 - $5,000,000
	Select Medical stock	S	02-24-05	$15,001 - $50,000
	Lot 6A at 648 Grassmere Office Park, Trousdale Pike, Nashville, TN (contributed to Grassmere Five LLC)	E	06-15-05	$500,001 - $1,000,000
	Roundtable Partners II	S	12-01-05	$15,001 - $50,000
	Spence Limited Partnership, 2116 Hobbs Rd., Nashville, TN 37215	PS	04-01-05 11-18-05	$1,001 - $15,000
	Thoma Cressey Friends Funds VI and VII, venture capital funds, Chicago, IL	E	Various dates	$100,001 - $250,000
	Northern Trust Inst. Gov. Portfolio	P	Various dates	$100,001 - $250,000
	Adams' Properties, Gulfport, MS, 1504 Beach Drive, rental house	Other	11-18-05	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James H.S. ("Jim") Cooper

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program on Education Reform	Feb. 22-25	Nashville - Cancun - Nashville	Y	Y	N	None
Aspen Institute Congressional Program on Russia	Aug. 21-26	Nashville - Dublin - Nashville	Y	Y	N	None
Health Care Executive Network	July 15-16	D.C. - Boston - D.C.	Y	Y	N	None
Heritage Foundation and Pepperdine University	Aug. 15-18	Nashville - Malibu - Nashville	Y	Y	N	None
Electronics Industries Association and Ceridian Corporation	Oct. 7-9	D.C. - Kiawah Island - Nashville	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name James H.S. ("Jim") Cooper

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	PLC Properties LLC
Member	Hamilton Fairfax LLC
Partner	Cooper Bros. Land Company
Limited Partner	Thoma Cressey Friends Funds VI and VII, L.P.
Limted Partner	Small Town Communications Partners I, L.P.
Limited Partner	The Discovery Fund, L.P.
Member	Harpeth Green Properties, LLC
Director	Center for Better Health, Vanderbilt University, Nashville, TN (a non-profit university think tank)
Director	Health Care Solutions Group, Vanderbilt University (a non-profit think tank)
Adjunct Professor	Owen School of Management, Vanderbilt University
Limited Partner	Roundtable Partners II

FOOTNOTES

Name James H.S. ("Jim") Cooper

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Roundtable Partners II had not been listed on previous forms because I believed its value to be below reporting thresholds. To my pleasant surprise, I received a distribution of roughly 65% of my original investment in 2005. A possible additional payment from escrow may be available this December, 2006.	Roundtable Partners II
2			

James H.S. ("Jim") Cooper

2005 Financial Disclosure Statement
Supplementary Schedule

Schedule III

Cooper Brothers Partnership

Assets:

Located in or near Shelbyville, TN

- Lots at 756 Madison Street
  - Purchased 12/31/65, 7/29/77, and 2/16/88; tax appraisal value $665,400
- Lot on Holland Street
  - Purchased 7/29/77, 12/27/72, and 1/31/70; tax appraisal $43,300
- Lot on Depot Street
  - Purchased 12/31/85; tax appraisal $35,500
- Lots at 319, 401, 409, and 414 East Lane Street
  - Purchased 7/1/54, tax appraisal value $21,000
  - Purchased 11/25/03, tax appraisal value $111,700
  - Purchased 12/30/89, tax appraisal value $26,700
  - Purchased 12/28/92, tax appraisal value $59,500
- Farm at 497 Shofner Bridge Road, 463 acres
  - Purchased 7/29/77; tax appraised value $447,200
- Field on Thompson Creek Road, 80 acres
  - Purchased 12/31/87, tax appraisal $30,300

Located in or near Smith Mills, KY (near Henderson, KY)

- Bank appraised value of all KY farms in 1999 at $1.6 million
- Tweedy and Floyd Farms, Hwy. 266, 575 acres
  - Purchased 5/18/69 and 3/27/74
- Utley Farms, Burbank Road, 75 acres
  - Purchased 1979
- Mueth and Brahm Farms, Alzey-Uniontown Road, 270 acres
  - Purchased 1/28/87
- Klondike Farm, Klondike Road, 453 acres
  - Purchased 5/18/69, 1988

Located in Brentwood, TN

- Park Center Partnership I, owns 21% of Gambro Bldg.
  - Purchased 9/30/00; tax appraised value $9,352,300
- Park Center Partnership II, owns 21% of LBMC Bldg.
  - Purchased 9/30/00; tax appraised value $8,853,200

These partnerships were formed to develop the Gambro and LBMC Financial Center office buildings on Virginia Way in Maryland Farms

Located in Nashville, TN

- Lot 6A at 648 Grassmere Office Park, Trousdale Pike, Nashville, TN
  - This lot was contributed to a development entity, Grassmere Five LLC in return for a 58% ownership interest; tax appraised value $656,900

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

James M. Costa
(Full Name)

1004 Longworth House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-3341
Daytime Telephone

(Office)

Filer Status ☑ Member of the U.S. House of Representatives — State: CA District: 20 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calender year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		05-15-2006

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SCHEDULE I - EARNED INCOME

Name James M. Costa

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of California Legislators Retirement Systems	Legislative Pension	$44,634
Costa Farms	Farm	$133,071

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Wachovia Securities	$1 - $1,000	DIVIDENDS	$1 - $200	
	Wachovia Securities 401K	$50,001 - $100,000	Retirement Plan	NONE	P
	Costa Farms Fresno, CA	$500,001 - $1,000,000	Farm Real Estate	$100,001 - $1,000,000	
	Premier Valley Bank Stock	$15,001 - $50,000	DIVIDENDS	NONE	
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Bank of America Brokerage	$250,001 - $500,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

JT	Bank of America Accounts	$15,001 - $50,000	INTEREST	$1 - $200
	Bank of America Checking	$1,001 - $15,000	INTEREST	$1 - $200

SCHEDULE IV - TRANSACTIONS

Name James M. Costa

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Wachovia Securities 401K	P	04-15-05	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name James M. Costa

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	United Security Bank	Personal Loan	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James M. Costa

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation	Jan. 17-18	Baltimore	Y	Y	N	N/A
New York Stock Exchange	Mar. 7-8	Fresno--New York City -- Wash., D.C.	Y	Y	N	N/A
California High Speed Rail	Sep. 19-26	San Fran. -- Tokyo -- Fresno	Y	Y	N	N/A
American Israel Education Foundation	Aug. 8-15	Fresno--Israel--Fresno	Y	Y	N	N/A
The Irrigation Association	Nov. 6-7	Fresno--Phoenix--Wash., D.C.	Y	Y	N	N/A
Congressional Economic Leadership Institute	Nov. 26-Dec. 5	Phoenix--Brazil--Wash., D.C.	Y	Y	N	2 Days

SCHEDULE VIII - POSITIONS

Name James M. Costa

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	National Conference of State Legislatures Foundation
Board Member	The Maddy Institute, CA State University - Fresno

FOOTNOTES

Name James M. Costa

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Power of attorney privilege on account with elderly parent	Wachovia Securities
2	Schedule III	Power of attorney privilege on account with elderly parent	Bank of America Brokerage
3	Schedule III	Power of attorney privilege on account with elderly parent	Bank of America Accounts

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

7

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JERRY F. COSTELLO
(Full Name)

WM B. SCHALTENBRAND
(618) 398-4173
Daytime Telephone:

2608 PRO TOUR DRIVE
BELLEVILLE, IL 62220
(Mailing Address)

Filer Status	[X] Member of the U.S. House of Representatives	State: IL District: 12	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any *reportable gift in the reporting period (i.e., aggregating more* than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the *reporting period?* **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting *period* (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability *(more than $10,000) during the reporting period?* **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they *meet all three tests for exemption?*	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jerry F. Costello	5-11-06

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF ILLINOIS	SPOUSE SALARY	NA
	ST. CLAIR COUNTY	SPOUSE SALARY	NA
	ST. CLAIR COUNTY EDUCATION COOP BOARD	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to *select the specific investments*), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income *derived from* U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than *fair market value*, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for *income. For all other assets, indicate* the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transactio

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E m S, P
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	WEST POINTE BANCORP, INC. STOCK - IRA					X								X										X								
SP	WEST POINTE BANCORP, INC. STOCK - IRA					X								X										X								
	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA			X										X								X										
SP	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA			X										X								X										
	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA			X										X									X									
SP	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA			X										X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JERRY F. COSTELLO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transactio
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	HILLARD LYONS GOVT. M/M FUND - IRA	C X	DIVIDENDS X	II X	
SP	HILLARD LYONS GOVT. M/M FUND - IRA	C X	DIVIDENDS X	II X	
	CONGRESSIONAL FEDERAL CREDIT UNION	C X	INTEREST X	II X	
	STATE OF ILLINOIS	D X	ILLINOIS RETIREMENT	I X	
SP	STATE OF ILLINOIS	DEFINED BENEFIT PLAN	ILLINOIS TEACHER'S RETIREMENT	VII X	PENSION FUND DISTRIBUTIONS
JT	LOT-2905 TITLEIST DR., BELLEVILLE, IL 62220	A X	CAPITAL GAINS X	VI X	P,S.

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Name JERRY F. COSTELLO

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
JT	LOT-2905 TITLEIST DR., BELLEVILLE, IL 62220	X			9-13-05			X							
JT	LOT-2905 TITLEIST DR., BELLEVILLE, IL 62220		X		11-02-05			X							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	BANK OF OFALLON, ILLINOIS	MORTGAGE ON 2905 TITLEIST DR, BELLEVILLE, IL			X	(PAID OFF NOV. 2, 2005)						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NUCLEAR ENERGY INSTITUE (FACT FINDING)	NOV. 20-22	BELLEVILLE - LAS VEGAS - BELLEVILLE	Y	Y	N	NONE

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 PM 4:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED MC
(Office Use Only)

ROBERT EDWARD CRAMER, JR.
(Full Name)

417 EUSTIS AVENUE
HUNTSVILLE, ALABAMA 35801
(Mailing Address)

Daytime Telephone: 202-225-4801

Filer Status	[X] Member of the U.S. House of Representatives — State: ALABAMA District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert Cramer	5/15/2006

Name	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civ. War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name | Page ___ of ___

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT E. CRAMER, JR. Page 2 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		Block A	Block B												Block C						Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	SP	Mega Corp. Stock					X								X										X							P
DC, Examples:		Simon & Schuster				Indefinite															Royalties									X		
JT		1st Bank of Paducah, KY accounts						X									X									X						
		EAST STREET INVESTMENT CO. HUNTSVILLE, ALABAMA (1 SHARE)							X									X				X										
		AL STATE EMPLOYEES DEFERRED INCOME ACCT. (NATIONWIDE) FIXED ANNUITY (MASS. FIXED ANNUITY)				X												X				N/A										
		5214 SKYLINE SHORES SCOTTSBORO, ALABAMA 35768							X							X									X							
		3209 LUE LAKE ROAD HAMPTON COVE, ALABAMA 35763							X													X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name ROBERT E. CRAMER, JR. Page 3 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-05		X								
	5204 CUE LAKE ROAD HAMPTON COVE, ALABAMA 35763	X			09-30-05					X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	REGIONS MORTGAGE (HUNTSVILLE, ALABAMA)	MORTGAGE ON: 5224 SKYLINE SHORES				X						
	CHASE FINANCIAL MORTGAGE (ALABAMA)	MORTGAGE ON: 3209 COVE LAKE ROAD				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Name	Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days *not* at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
HONORARY BOARD MEMBER	NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN (ALEXANDRIA, VIRGINIA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

Evans Watts & Schrimsher
Wealth Management Group
601 Madison Street
Huntsville, AL 35801

Tel (256) 533-4933
Fax (256) 533-5441

Fax

WACHOVIA SECURITIES

Date	May 10, 2006
To	Alex
DEPT	**Congressman Bud Cramer's office**
Fax	202-225-7623
PAGES	2
From	Steuart Evans
Re:	

REGARDING
EASY STREET
INVESTMENTS

EASY STREET INVESTORS

P.O. Box 2247, Huntsville, AL 35804

% TOTAL INV COST	# SHARES	TRADING STRAT *	SIGN	COMPANY	EXCHG	AVG COST/SHR	TOTAL NET COST	MARKET 6/18/2006	VALUE SHARE	GAIN (LOSS)
49.33%				MONEY MANAGER ACCOUNTS						
				Davis Selected Large Cap 93550			205,608.02	251,588.75		45,980.73
				Calamos Money Manager 93553			220,582.42	274,686.29		54,103.87
							426,190.44	526,268.04		100,095.60
0.00%				CONTRACT SERVICES - Gov.						
							-	-		-
1.33%				CONSUMER STAPLES						
	300	L	PEP	Pepsico, Inc.	NYSE	38.185	11,455.00	17,424.00	58.080	5,968.40
							11,455.00	17,424.00		5,968.40
4.64%				HEALTHCARE DIVERSE (Consumer Growth)						
	2,500		CSCX	Cardiac Science Corp	NASDAQ	8.217	18,433.51	18,660.00	9.330	226.49
	1,000	S	EMAG	Emageon, Inc.	NASDAQ	13.281	13,280.50	17,110.00	17.110	3,829.50
	2,000	L	UNH	United Healthcare Corp.	NYSE	5.048	10,096.16	99,340.00	49.670	89,243.84
							41,810.17	135,110.00		93,299.83
9.81%				COMMUNICATIONS						
	1,000	L/S	ADTN	Adtran, Inc.	NASDAQ	25.717	25,716.82	25,000.00	25.000	(716.82)
	400	L	CSCO	Cisco Systems, Inc.	NASDAQ	27.334	10,893.60	8,588.00	21.470	(2,305.60)
	698	L	Q	Qwest Communications Intl	NYSE	13.630	9,514.81	4,791.50	6.760	(4,723.31)
	504	S	S	Sprint Nextel Corp	NASDAQ	14.918	13,054.71	23,886.72	26.180	10,832.01
	1,000	L/S	UTSI	UTStarcom, Inc.	NASDAQ	25.559	25,558.32	8,830.00	8.830	(16,728.32)
							84,718.96	68,796.22		(15,923.74)
3.24%				DRUGS (Consumer Growth)						
	250	L	ICOS	ICOS Corp	NASDAQ	42.241	10,560.13	5,840.00	23.360	(4,720.13)
	340	L	JNJ	Johnson & Johnson	NYSE	6.102	2,075.33	19,284.24	56.730	17,208.91
	300	L	PFE	Pfizer, Inc.	NYSE	35.711	10,711.30	7,419.00	24.730	(3,292.30)
							23,346.76	32,543.24		9,196.48
0.00%				CONSUMER CYCLICAL			-	-		
0.00%				Gaming/Entertainment						
							-	-		-
9.62%				SEMICONDUCTORS / ELECTRONICS/SOFTWARE						
	525	S	ATX	Atlantis TechSystems, Inc.	NASDAQ	51.929	27,265.08	41,511.75	79.070	14,246.67
	1,000	L	CYBS	CyberSource Corporation	NASDAQ	10.966	10,965.86	10,430.00	10.430	(535.86)
	2,000	L	MXIM	Maxim Integrated Products	NASDAQ	8.300	16,599.33	73,560.00	36.780	56,960.67
	1,000	S	SANM	Sanmina SCI Corp.	NASDAQ	3.786	3,786.03	4,010.00	4.010	223.96
	1,000	S	UTX	United Technologies Corp	NASDAQ	24.862	24,862.17	30,900.00	30.900	34,237.83
							83,158.46	160,411.75		105,253.30
0.00%				TRANSPORTATION						
								-		
7.52%				BASIC INDUSTRY						
	500	S	CSGP	CoStar Group	NASDAQ	42.514	21,257.26	25,380.00	51.180	4,332.76
	528	L	XOM	Exxon Mobile Corp	NYSE	32.707	17,269.30	33,548.12	63.540	16,278.82
	300	S	LOW	Lowes Companies, Inc.	NYSE	42.150	12,645.36	19,239.80	64.130	6,594.44
	2,000	S	SYNM	Synbolcum Corp	NASDAQ	6.918	13,835.63	15,960.00	7.980	2,124.37
							65,008.55	94,328.12		29,320.39
14.31%				FINANCIAL SERVICES						
	1,200	S	CSQ	Calamos Strategic TR Fund	NYSE	14.428	16,846.52	15,656.00	13.040	(190.52)
	1,000	L	FNN	First Horizon National Corp	NYSE	21.843	21,892.50	41,740.00	41.740	20,047.50
	200	S	GS	Goldman Sachs Group, Inc.	NYSE	77.454	15,490.75	33,110.00	165.550	17,611.25
	500	S	LNC	Lincoln National Corp	NYSE	32.913	16,456.57	28,200.00	56.400	11,743.43
	540	S	PRU	Prudential Financial Group	NYSE	29.254	16,024.84	25,958.00	48.110	10,430.16
	2,000	S	SCH	Schwab Charles Corp New	NYSE	14.832	29,664.77	35,080.00	17.540	6,215.23
	358	S	JOE	St Joe Company	NYSE	27.743	9,710.08	20,454.50	57.130	10,724.42
							125,644.96	200,277.50		78,632.49
100.00%							844,008.27	1,283,256.87		439,248.60

Wachovia Checking	49,544.35
TOTAL CASH	49,544.35
DUES RECEIVABLE	
NET	4,006.00

NET ASSET VALUE.

Market Value Securities	1,283,256.87
Cash	49,544.35
Dues Receivable - Net	4,006.00
Total Assets	1,337,805.22
@ 49 shares	
Net Asset Value Per Share	$ 27,488.87

An 8/08 Stock Repurchase Check for 327,223.08 will be issued to Bud Cramer, which will reduce the above Wachovia Checking balance.

% Invested	93.94%
% Cash & Receivables	4.72%
Total # stocks	23

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 2:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Alexander M. Crenshaw
(Full Name)

2358 Riverside Avenue, #801 Jacksonville, FL 32204
(Mailing Address)

202-225-2501
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: FL — District: 04 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Alexander M Crenshaw	May 11, 2006

1004

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Alamo Storage Partners-(self storage-Dallas, TX	$15,001 - $50,000	RENT	$2,501 - $5,000	
Direct Mail Systems, Inc.-Direct Mail, St. Pete., FL	$100,001 - $250,000	DIVIDENDS	$50,001 - $100,000	
Deferred Compensation-retirement	$50,001 - $100,000	DIVIDENDS	N/A	
Trinity Fund Lt.d, Investements, Jax., FL	$1,000,001 - $5,000,000	Partnership Income	$100,001 - $1,000,000	
Donaldson, Lufkin & Jenrette Alliance/Front Growth Fund-401(k) retirement	$100,001 - $250,000	DIVIDENDS	N/A	
Evergreen Money Market	$100,001 - $250,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

	IRA Self-directed Investments Listed Below				
	Berkshire Hathaway HLDG.,Inc. CL.A	$50,001 - $100,000	DIVIDENDS	$1 - $200	
	Cisco Systems, Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
	Merrill Lynch & Co., Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Schulmberger Ltd.com	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Wells Fargo & Co.	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Resolution Trust FDG	$100,001 - $250,000	INTEREST	NONE	
	Money Markey Fund	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	Bankshares Fla. Inc.-stock	$15,001 - $50,000	DIVIDENDS	NONE	
	IMPAC Mtg. Holdings. Inc.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Alamo Storage Partners-(self storage-Dallas, TX	$15,001 - $50,000	RENT	$2,501 - $5,000	
	Direct Mail Systems, Inc.-Direct Mail, St. Pete., FL	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	Deferred Compensation-retirement	$50,001 - $100,000	DIVIDENDS	N/A	
	Trinity Fund Lt.d, Investements, Jax., FL	$1,000,001 - $5,000,000	Partnership Income	$100,001 - $1,000,000	
	Donaldson, Lufkin & Jenrette Alliance/Front Growth Fund-401(k) retirement	$100,001 - $250,000	DIVIDENDS	N/A	
	Evergreen Money Market	$100,001 - $250,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

	IRA Self-directed Investments Listed Below				
	Berkshire Hathaway HLDG>< Inc. CL.A	$50,001 - $100,000	DIVIDENDS	$1 - $200	
	Cisco Systems, Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
	Merrill Lynch & Co., Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Schulmberger Ltd.com	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Wells Fargo & Co.	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Resolution Trust FDG	$100,001 - $250,000	INTEREST	NONE	
	Money Markey Fund	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	Bankshares Fla. Inc.-stock	$15,001 - $50,000	DIVIDENDS	NONE	
	IMPAC Mtg. Holdings. Inc.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Alexander M. Crenshaw

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute	May30-June 5, 2005	JAX., FL to Istanbul, Turkey to JAX. FL	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
Office Use Only

Joseph Crowley
(Full Name)

48-24 65th Street Woodside, NY 11377
(Mailing Address)

202-225-3965
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: NY — District: 07 ☐ Officer Or Employee — Employing Office:

Report Type: ☐ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☐	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? *If yes, complete and attach Schedule IX.*	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05/15/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Reliastar Life Insurance Company-Qualified Annuity	$15,001 - $50,000	Other: Retirement Account	$1,001 - $2,500	
	4 Farley Drive Albany, NY	$15,001 - $50,000	RENT	$2,501 - $5,000	
DC	New York's College Savings Program held by Rep. Joseph Crowley for Kenzie Crowley	$1,001 - $15,000	Other: N/A)	NONE	
DC	New York's College Savings Program held by Mrs. Kasey Crowley for Joseph Cullen Crowley	$1,001 - $15,000	Other: N/A/	NONE	
	Prudential Financial Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley

SP	ROLL OVER IRA, Northwestern Mutual Investment Servies, LLC, divided into following accounts	$15,001 - $50,000	DIVIDENDS/INTEREST	$1,001 - $2,500	
	Fidelity Advisor Ser I Small Small Cap Fund CL B Growth FD Amer Inc Class B SHS Mason Street FDS Inc. Index 400 STK FD CL B Pimco FDS Multi MRG SER NFJ Small Cap Value FD CL B Washington Mut Invs FD CL B SHS Euro Pac Growth FD American High Income				
	American Balanced FD CL B SHS				

SCHEDULE V - LIABILITIES

Name Joseph Crowley

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Chase Manhattan Mortgage	Mortgage on 4 Farley Drive	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph Crowley

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Institute for SouthEast Asian Studies	January 12-15, 2005	Washington-Singapore	Y	Y	N	
Communications Consortium Media Center	January 15-January 19, 2005	Singapore-Colombo Sri Lanka-Washington	Y	Y	N	
American Bankers Association	February 10-11, 2005	Washington-Naples, FL-Washington	Y	Y	N	
New York Stock Exchange	March 7-March 8, 2005	Washington, DC-New York	Y	Y	N	
Futures Industry of America/New York Mercantile	March 18, 2005-March 19, 2005	Washington, DC-Boca Raton-Washington	Y	Y	N	
Democratic Leadership Council	May 28-June 1, 2005	Washington, DC-New Orleans-Washington	Y	Y	N	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Joseph Crowley
(Full Name)

48-24 65th Street Woodside, NY 11377
(Mailing Address)

202-225-3965
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: NY District: 07	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6/9/06

1015

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
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2005 MAY 12 PM 4:30
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U.S. HOUSE OF REPRESENTATIVES

Barbara Cubin
(Full Name)
2241 Belmont Road
Casper, WY 82604
(Mailing Address)
202-225-2311
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: WY District: AL	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Barbara Cubin	5-11-06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Fred W. Cubin, MD (Ret.)	Pension	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Cubin

Page 2 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not *self-directed*, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply

Leave blank if asset did not generate any income during the calendar year

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp. Stock	Indefinite	DIVIDENDS: X		P
DC	Simon & Schuster		Royalties		
JT	1st Bank of Paducah, KY accounts		INTEREST: X		
	Grey Wolf Inc	C: $15,000	DIVIDENDS: X	I: None	
	GlaxoSmithKline	C: $15,000	DIVIDENDS: X	III: $1,000	
	Identix	C: $15,000	DIVIDENDS: X	I: None	
	Medco	B: $1 – $1,000	DIVIDENDS: X	I: None	
	Merck	C: $15,000	DIVIDENDS: X	II: $1 – $200	
	Pfizer	C: $15,000	DIVIDENDS: X	II: $1 – $200	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cubin

Page 7 of 2

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
Universal Display Corp			X										X							X											
Cascade Int	X												X							X											
Monsanto	X												X							X											
SB Total Return Fund	X												X			X				X											
Investment Co. of America			X										X			X						X									
Lincoln Legacy Annuity				X									X			X															
SB Money Fund			X												X						X										
State Street Mutual Fund				X									X									X									
Casper Mtn Land					X															X											
Garfield Peak Land						X														X											
TSP						X																									
CFCU Savings			X												X						X										

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	National Rifle Association

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 25-628 (mac)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

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05-02-2006 0:11:16 p.m.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

ENRIQUE R. CUELLAR
(Full Name)

P.O. BOX 6147
(Mailing Address)

(956) 726-9320
Daytime Telephone

LAREDO, TEXAS 78040

Filer Status	[X] Member of the U.S. House of Representatives — State: TEXAS District: 28	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry Cuellar	5/15/06

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Name ENRIQUE R. CUELLAR	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
LAW OFFICES OF HENRY CUELLAR	LEGAL FEES *	14,710 *
EMPLOYEES RETIREMENT SYSTEM OF TEXAS	RETIREMENT	8,505
H.C. INTERNATIONAL TRADE, INC.	CONTRACT SPOUSE LABOR	N/A
COMPTROLLER OF PUBLIC ACCOUNTS	SPOUSE SALARY	N/A
*PAYMENTS FOR SERVICES RENDERED IN PRIOR YEARS (BEFORE 1/1/05)		

For payments to charity in lieu of honoraria, use Schedule II.

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Name ENRIQUE R. CUELLAR	Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500

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Name ENRIQUE R. CUELLAR

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

			Block A	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples:	SP	Mega Corp Stock					X								X										X							P
DC			Simon & Schester			Indefinite																Royalties								X			
JT			1st Bank of Paducah, KY accounts						X									X									X						
			602 REYNOLDS LAREDO, TEXAS 78040				X										X									X							
			4700 MARCELLA LAREDO, TEXAS 78040				X										X										X						
			604 REYNOLDS LAREDO, TEXAS 78040				X										X						X HELD FOR INVESTMENTS										
JT			1519 WASHINTON LAREDO, TEXAS 7040						X								X										X						
JT			1520 VICTORIA LAREDO, TEXAS 78040						X								X											X					
JT			H.C. INT'L TRADE LAREDO, TEXAS 78040						X								X											X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ENRIQUE R. CUELLAR

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $3,000,000	J $3,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	H.C. AIR, INC.(ADJ.NBW)			X											X												X					
	LAREDO, TEXAS																															
JT	COLOMBIA MONEY MARKET						X							X								X										
SP	COLOMBIA MONEY MARKET				X									X								X										
JT	INT"L BANK OF COMMERCE			X												X							X									
	LAREDO (SAVINGS)																															
SP	401 K STATE OF TEXAS																															
	STATE COMPTROLLER					X								X							*	NO INCOME UNTIL RETIREMENT										
JT	ABST 467 LOT,LA MOCA			X										N/A								X										
	LAREDO, TEXAS																															
	(50% OWNED)																															

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Name ENRIQUE R. CUELLAR

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-05		X								
	N/A														

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Name ENRIQUE R. CUELLAR

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	COMMERCE BANK	BUSINESS AND PERSONAL					X					
	LAREDO, TEXAS	LOANS										
	EAST VAL, INC.	MORTGAGE ON 1520 VICTORIA				X						
	GALVESTON, TEXAS	LAREDO, TEXAS										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Plaque (determination on personal friendship received from Committee on Standards)	$325
N/A		

Use additional sheets if more space is required.

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash. D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
N/A							

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Name ENRIQUE R. CUELLAR	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	H.C. AIR INC
PRESIDENT	H.C INTERNATIONAL TRADE INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

GPO 2004 25-429 (rev)

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COMMITTEE ON BUDGET

COMMITTEE ON AGRICULTURE

SUBCOMMITTEES
CONSERVATION, CREDIT, RURAL DEVELOPMENT AND RESEARCH
SPECIALTY CROPS AND FOREIGN AGRICULTURE PROGRAMS

DEPARTMENT OPERATIONS, OVERSIGHT, DAIRY, NUTRITION AND FORESTRY

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FAX: (202) 225-1641
http://www.house.gov/cuellar
henry.cuellar@mail.house.gov
TOLL FREE: 1-877-780-0028

HENRY CUELLAR
CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
28TH DISTRICT, TEXAS

May 17, 2006

1

Ken Keller
Committee on Standards of Official Conduct
B106 Cannon House Office Building
Washington, DC 20515-6612

MC

Dear Mr. Kellner:

This letter will clarify an omission on financial disclosure reports filed previous to 2005 that do not reflect joint ownership of a property in Laredo, Texas located at ABST 467 Lot, La Moca, Laredo, Texas.

During the professional completion of the 2005 annual report, accountants pointed out this property had not been included in previously submitted reports. This jointly owned property is reflected on the 2005 report with a value between $1-15,000. As the property was owned during the previous reporting years, it should also be reflected on the reports.

Thank you for your attention to this matter.

Sincerely,

Henry Cuellar

Henry Cuellar, Ph.D.
US Congressman
28th District, Texas

LAREDO:
1300 MATAMOROS, SUITE 210
LAREDO, TX 78040
PHONE: (956) 725-0639
FAX: (956) 725-2647

SAN ANTONIO:
1149 EAST COMMERCE STREET, SUITE 210
SAN ANTONIO, TX 78205
PHONE: (210) 271-2851
FAX: (210) 277-6671

SAN MARCOS:
111 EAST SAN ANTONIO, SUITE 205
SAN MARCOS, TX 78666
PHONE: (512) 392-2364
FAX: (512) 392-2834

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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JOHN ABNEY CULBERSON
(Full Name)

10000 MEMORIAL DRIVE SUITE 620
HOUSTON TEXAS 77024
(Mailing Address)

(713) 682-8828
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office ____
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date ____

A $200 penalty shall be assessed **against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you, or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Abney Culberson	May 15 2006

Name John Cullinane | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Collins

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (None; I $1 – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp. Stock	E: X	DIVIDENDS: X	III: X	P
DC, *Examples*	Simon & Schuster	Indefinite	Other: Royalties	X: X	
JT	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	V: X	
	OUR HOUSTON HOME	F: X	Other: NONE NO INCOME		NONE NO INCOME SOLEN RENT

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND UNEARNED INCOME
Continuation Sheet (if needed)

Name John Collins

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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1035

Name John Cullinane

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-05		X								

This page may be copied if more space is required.

Name John Culberson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JPC	WELLS FARGO BANK	PERSONAL LINE OF CREDIT	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
ALEXANDER AND LINDA ROGERS, BOB AND NANCY HEARE	CALCITE MINERAL SPECIMEN FROM ELMWOOD TENNESSEE	
AND JIM AND SHERRY SMITH	(DETERMINATION ON PERSONAL FRIENDSHIP RECEIVED FROM COMMITTEE	$1500
	ON STANDARDS)	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C	N	N	N	None
	Roycroft Corporation	Aug. 6-11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Heritage Foundation	Feb. 3-5	Washington DC - Baltimore - Washington, DC	Y	Y	N	None
	American Legislative Exchange Council	Aug. 3-6	Houston - Dallas - Houston	Y	Y	N	None

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

MAY 15 2006
LEGISLATIVE RESOURCE CENTER
2006 MAY 22 PM 2:01
(Office Use Only)

10

MC

1040

Elijah E. Cummings
(Full Name)

2014 Madison Avenue Baltimore, MD 21217
(Mailing Address)

(410) 685-9199
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: MD District: 07 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Elijah E. Cummings	5/15/2006

SCHEDULE I - EARNED INCOME

Name Elijah E. Cummings

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Baltimore County, MD Schools	Spouse Salary	$80,000

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Elijah E. Cummings

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Augsburg Evangelical Lutheran Church, Baltimore	Speech	October 30, 2005	$500
Triumph Baptist Church Baltimore	Speech	October 2, 2005	$300
Grace Presbyterian Church Baltimore	Speech	October 23, 2005	$300
First Baptist Church of Guilford, Howard County, MD	Speech	November 4, 2005	$200
Christ United Methodist Church, Baltimore	Speech	November 12, 2005	$500
Northside New Era Baptist Church, Indianapolis, IN	Speech	April 22, 2005	$2,000
Howard University Rankin Chapel, Washington, DC	Speech	December 11, 2005	$700
Cambridge, MA NAACP	Speech	Mar. 9, 2005	$1,200
John Wesley AME Zion Church, Baltimore	Speech	Mar. 18, 2005	$300
Community Baptist Church, Baltimore	Speech	Mar. 23, 2005	$400
Lochearn Presbyterian Church, Baltimore	Speech	Apr. 18, 2005	$200
Springfield, IL NAACP	Speech	Apr. 18, 2005	$1,000
Providence Baptist Church, Baltimore	Speech	Apr. 18, 2005	$200

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Elijah E. Cummings

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Cleveland Scholarship Programs, Cleveland, OH	Speech	Apr. 18, 2005	$250

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Elijah E. Cummings

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
2014 Madison Ave., Baltimore, MD	$250,001 - $500,000	RENT	$5,001 - $15,000	
Elijah E. Cummings, P.A.	None	No income per House Rules. Continued existence for resolving claims only.	NONE	
2225 St. Paul Street, Baltimore, MD	None	N/A	NONE	

SCHEDULE IV - TRANSACTIONS

Name Elijah E. Cummings

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	2225 St. Paul Street, Baltimore, MD	S	Ongoing	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Elijah E Cummings

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	CitiMortgage, Inc.	Mortgage on 2014 Madison Ave., Baltimore, MD	$50,001 - $100,000
	CitiBank Home Equity Line of Credit, PO Box 7690006, San Antonio, TX	Home Equity Mortgage	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a *spouse or dependent child that is totally independent of his or her relationship to you.*

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
City of Ft. Worth, TX	Jan. 13-14	BWI - Ft. Worth, TX	Y	Y	N	N/A
Cambridge, MA NAACP	Jan. 14-15	Ft. Worth, TX - Cambridge, MA - BWI	Y	Y	N	N/A
Nebraska Democratic Party	May 21-22	BWI-Omaha, NE - BWI	Y	Y	N	N/A
Briggs-DeLaine-Pearson Foundation	June 11-12	BWI-Columbia, SC - BWI	Y	Y	N	N/A
National Bar Association Judicial Conference	Aug. 2-3	BWI-Orlando, FL-BWI	Y	Y	N	N/A
Elijah Cummings	Sept. 12	BWI-Memphis, TN-BWI	N	Y	N	N/A
City of Portland, ME & Portland NAACP	Oct. 8-9	BWI-Portland, ME-BWI	Y	Y	N	N/A
Springfield, IL NAACP	Feb. 13-14	BWI-Springfield-BWI	Y	Y	N	N/A
New Era Missionary Baptist Church, Indianapolis, IN	April 22	BWI-Indianapolis	N	Y	N	N/A
South Carolina Democratic Party	Apr. 22-23	Indianapolis-Columbia, SC-BWI	Y	Y	N	N/A

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

dentify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Cong. Black Caucus Inst., Wash., DC	Aug. 9-11	BWI-Mississippi-BWI	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Elijah E. Cummings

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Baltimore Zoological Society
Director	Eubie Blake Cultural Center
Director	Learning to Lead, Inc.
Member	Morgan State University Board of Regents
Director	National Aquarium in Baltimore

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 17 PM 4:58 7
MC

Artur Genestre Davis
(Full Name)
1812 4th Ave. South Apt. 21D
(Mailing Address)
Birmingham, AL 35233
(202)225-2665
Daytime Telephone

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: AL District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Artur Davis	5-17-06

1050

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
Ebeneezer Baptist Church	Speech	5-22-05	$200

This page may be copied if more space is required.

Name Artur Davis

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP	Mega Corp. Stock				
DC, *Examples:*	Simon & Schuster	E	DIVIDENDS	IV	P
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
	Indefinite		Royalties		
	HS A Block Opinion One Mortgage 6030 Woodmont Ct. Montgomery, AL 36117	F		I	

For additional assets and unearned income, use next page.

Name Artur Davis | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	AL Commission on Higher Ed.	Student Loan		X								
	Wachovia Bank	Personal loan satisfied in January 2006	X									
	H&R Block Option One Mortgage	Mortgage on 6030 Woodrun Ct. Montgomery AL 36117				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Name Arthur Davis | Page 1 of 2

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug 6–11	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	2 Days
Please review attached spreadsheet of schedule VII reported data.							

Dates	Sponsors	Point of Departure - Destination - Point of Return	Lodging	Food	Was a Family Member included	Anytime not at sponsor's expense
2/28/05 3/1/05	Spartan for Israel	Birmingham, AL - Lansing, MI - Washington, DC	Y	N	N	N
03/04/05 03/06/05	Faith and Politics Institute	Washington, DC - Selma, AL - Birmingham, AL	N	N	N	N
3/14/2005	National League of Cities	Washington, DC	Y	N	N	N
3/21/05 3/22/05	W. K. Kellogg Foundation	Birmingham, AL - Washington, DC - Birmingham, AL	Y	Y	N	N
3/29/05 3/30/05	National Rural Funder Collaborative	Birmingham, AL - Washington, DC - Birmingham, AL	Y	N	N	N
4/1/05 4/2/05	American Association of Blacks In Energy	Birmingham, AL - Memphis, TN - Birmingham, AL	Y	Y	N	N
5/16/05 5/17/05	Democratic Leadership Council	Birmingham, AL - New York, NY - Washington, DC	Y	N	N	N
5/20/2005	Hyundai Motor America (airfare) Hyundai Motor Manufacture AL (ground)	Washington, DC - Montgomery, AL - Birmingham, AL	N	N	N	N
7/23/05 7/24/05	ATLA Trial Lawyers Association	Birmingham, AL - Toronto, Canda - Birmingham, AL	Y	N	N	N
8/5/05 8/6/05	Business Council of Alabama	Birmingham, AL - Point Clear, AL - Birmingham, AL	Y	N	N	N
8/12/2005	Franklin Primary Health Center Inc.	Birmingham, AL - Mobile, AL - Birmingham, AL	Y	N	N	N
8/13/2005	A-CURE	Birmingham, AL - Springfield, FL - Birmingham, AL	Y	N	N	N
9/18/2005	American Israel Public Affairs Committee	Birmingham, AL - New York, NY - Birmingham, AL	N	N	N	N
12/3/05 12/6/05	Democratic Leadership Council	Birmingham, AL - Wye River, Maryland - Washington, DC	Y	Y	N	N

Name Artur Davis | Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member of Board of Trustees	Tuskegee University
Honorary Chairman	Initiative Seven: Regional Community Development Initiative
Board Member	Alabama Center for Law and Civic Education

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2006 25-828 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 JUN 14 PM 4:53 MC
(Office Use Only)
U.S. HOUSE OF REPRESENTATIVES

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Danny K. Davis
(Full Name)

5956 W. Race Avenue Chicago, IL 60644
(Mailing Address)

202-225-5006
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: IL District: 7th	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny K. Davis	6-14-06

SCHEDULE I - EARNED INCOME

Name Danny K. Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Illinois	Spouse Pension	$35,808
Davis for Congress	Spouse Salary	$8,400
Social Security	Spouse Pension	$1,308

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Danny K. Davis

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Dominican University 7900 W. Division Street River Forest, Illinois	Speech	Jan. 10, 2005	$100
Brown Chapel AME Church 1502 E Mills Joilet, Illinois 60433	Speech	Feb. 26, 2005	$500
Alpha Phi Alpha Fraternity P.O. Box 8653 Rockford, Illinois 61126	Speech	Mar. 5, 2005	$200
Ressurection UMC 5717 W. 63rd Place Chicago, Illinois 60638	Speech	Mar. 6, 2005	$100

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Valic	$250,001 - $500,000	DIVIDENDS	$1,001 - $2,500	
JT	Nicor	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Yum	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Equitable	$1 - $1,000	DIVIDENDS	$1 - $200	
JT	Valic	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Austin Bank of Chicago	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis

JT	Community Bank of Lawndale	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Knight Insurance Stock	$15,001 - $50,000	DIVIDENDS	NONE	
JT	Seaway Nat. Bank	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny K. Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Congressional Black Caucus Foundation	Jan. 8	Chicago, IL--Atlanta, GA--Chicago, IL	N	N	N	None
Chinese Benovelent Society	Mar. 19-29	Chicago, IL--Shanghi, China--Chicago, IL	Y	Y	Y	None
Federation of Tamil Sangams of North America	Mar. 30-Apr. 5	Chicago, IL--Colombo, Sri Lanka--Washington, DC	Y	Y	N	None
Midwest NAACP	Apr. 9-10	Chicago, IL--Cleveland, OH--Chicago, IL	Y	Y	N	None
National NAACP	May 13-14	Chicago, IL--Charlotte, NC--Chicago, IL	Y	Y	N	None
Congressional Black Caucus Foundation	May 19-20	Chicago, IL--Little Rock, AR--Chicago, IL	Y	Y	N	None
National Federation of the Blind	July 5	Chicago, IL--Louisville, KY--Chicago, IL	N	N	N	None
United Auto Workers	Aug. 23	Chicago, IL--Dubuque, IA--Chicago, IL	N	N	N	None
Caribbean News	Nov. 10-13	Chicago, IL--St. Thomas, USVI--Chicago, IL	Y	Y	Y	None
Massachusetts League of Community Health Centers	Nov. 21	Chicago, IL--Boston, MA--Chicago, IL	N	N	N	None

SCHEDULE VIII - POSITIONS

Name Danny K. Davis

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Congressional Black Caucus Foundation
Board Member	Streetwise Newspaper
Board Member	East West University
Advisory Board	Interfaith House
Advisory Board	Prevention Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2006 MAY 10 PM 12: 11

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

GEOFFREY CLARK DAVIS
(Full Name)

1541 LONGWORTH HOB, WASHINGTON, DC 20515 (202) 225-3465
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State KENTUCKY District 4TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05-08-2006

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	REPUBLIC CONSULTING, INC.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name GEOFFREY DAVIS Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster				Indefinite															Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	VANGUARD 500 INDEX IRA			X										X								X										
SP	VANGUARD US GROWTH IRA			X										X								X										
	FERS THRIFT SAVINGS PLAN				X																											
JT	PENTAGON FEDERAL C.U.			X												X						X										
JT	FIFTH THIRD BANK SAVINGS			X												X						X										
JT	REPUBLIC CONSULTING, INC.					X								X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEOFFREY DAVIS

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	NATIONAL CITY BANK			X												X					X												

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Name GEOFFREY DAVIS | Page 5 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–05		X								
	SIMPLE IRA MAINSTAY Growth & Activity B		X		7-18-05	X									
	SIMPLE IRA MAINSTAY Capital Appreciation B		X		7-18-05	X									
	SIMPLE IRA MAINSTAY High Yield Corp Bond B		X		7-18-05	X									
	SIMPLE IRA MAINSTAY BlueChip Growth B		X		7-18-05	X									

This page may be copied if more space is required.

Name GEOFFREY DAVIS | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	HERITAGE BANK, BURLINGTON, KY	CAMPAIGN LOAN				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A	NOT APPLICABLE	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Jim Davis
(Full Name)

409 Cannon HOB Washington, DC 20515
(Mailing Address)

(202) 225-3376
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: FL District: 11	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	Termination — Termination Date:

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules *are true, complete and correct to the best of my knowledge and belief*	Jim Davis	6/7/06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jim Davis

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. *For an IRA or retirement plan that is not self-directed, name the* institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an *asset was sold and is* included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box *below. Dividends, even* if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
DC	DC (2) Treasury Securities	$1,001 - $15,000	INTEREST	$201 - $1,000	
	State of Florida Retirement Plan	$15,001 - $50,000	Deferred Benefit	NONE	

SCHEDULE V - LIABILITIES

Name Jim Davis

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Suncoast Schools Federal Credit Union	Fraudulent Charges on VISA (Pending Resolution to Absolve)	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	Feb. 18	Tampa-Orlando-Sarasota-Tampa	N	Y	N	0
Jim Davis for Governor	Feb. 26-27	Tampa-Ft. Lauderdale-Tampa	Y	Y	Y	0
Jim Davis for Governor	Mar. 8	Tampa-Tallahassee-Washington, DC	N	Y	N	0
Jim Davis for Governor	Mar. 10-11	Washington, DC-Ft. Lauderdale	Y	Y	N	0
Jim Davis for Governor	March 14-15	Tampa-Miami-Washington, DC	Y	Y	N	0
Jim Davis for Governor	March 21-23	Washington, DC-Tallahassee-Jacksonville-Miami-Tampa	Y	Y	N	0
Jim Davis for Governor	March 28	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	March 29-30	Tampa-Ft. Lauderdale-West Palm Beach-Tampa	Y	Y	N	0
Jim Davis for Governor	April 11-12	Tampa-Ft. Lauderdale-Miami-Washington, DC	Y	Y	N	0
Jim Davis for Governor	April 18	Tampa-Sarasota-Ft. Myers-Clewiston-Naples-Tampa	N	Y	N	0
Jim Davis for Governor	April 22-23	Tampa-Palm Beach-Key West-Tampa	Y	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	April 25-26	Tampa-Ft. Walton Beach-DeFuniak Springs-Pensacola-Washington, DC	Y	Y	N	0
Jim Davis for Governor	April 28-29	Washington, DC-Orlando-Lakeland-Tampa	Y	Y	N	0
Jim Davis for Governor	April 30	Tampa-Mt. Dora-Tampa	N	Y	N	0
Jim Davis for Governor	May 2-4	Tampa-Ft. Lauderdale-West Palm Beach-Washington, DC	Y	Y	N	0
Jim Davis for Governor	May 6	Tampa-Miami-Tampa	N	Y	N	0
Jim Davis for Governor	May 7	Tampa-Orlando-Tampa	N	Y	Y	0
Jim Davis for Governor	May 9-10	Tampa-Daytona Beach-Jacksonville-Washington, DC	Y	Y	Y	0
Jim Davis for Governor	May 14	Tampa-Ocala-Gainesville-Tampa	N	Y	N	0
Jim Davis for Governor	May 27	Tampa-Orlando-Clearwater-Tampa	N	Y	N	0
Jim Davis for Governor	June 1-3	Tampa-Miami-Ft. Lauderdale-Palm Beach-Orlando-Tampa	Y	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	June 6	Tampa-Sarasota-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	June 10	Tampa-Jacksonville-Tampa	N	Y	N	0
Jim Davis for Governor	June 11-12	Tampa-Miami-Ft. Lauderdale-Tampa	Y	Y	N	0
Jim Davis for Governor	June 13	Tampa-Palm Beach-Tampa	N	Y	N	0
Jim Davis for Governor	June 18	Tampa-Tallahassee-Monticello-Tampa	N	Y	Y	0
Jim Davis for Governor	June 26	Tampa-Ft. Lauderdale-Tampa	N	Y	N	0
Jim Davis for Governor	June 27	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	July 2	Tampa-Daytona Beach-Tampa	N	Y	N	0
Jim Davis for Governor	July 4-5	Tampa-Miami-Key West-Tampa	Y	Y	Y	0
Jim Davis for Governor	July 6-7	Tampa-Ft. Lauderdale-Tampa	Y	Y	N	0
Jim Davis for Governor	July 23	Tampa-Jacksonville-Monticello-Tampa	N	Y	Y	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	July 24-25	Tampa-West Palm Beach-Miami-Washington, DC	Y	Y	N	0
Jim Davis for Governor	July 30-31	Tampa-Ocala-Tampa	Y	Y	N	0
Jim Davis for Governor	Aug 1	Tampa-Pensacola-Santa Rosa-Okaloosa-Washington County-Panama City-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 3	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 6-7	Tampa-Tallahassee-Wakulla-Tampa	Y	Y	N	0
Jim Davis for Governor	Aug 8	Tampa-Manatee County-Charlotte County-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 9	Tampa-West Palm Beach-Martin County-Okaachobee-Indian River-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 11-12	Tampa-Melbourne-West Palm Beach-Miami-Tampa	Y	Y	N	0
Jim Davis for Governor	Aug 16	Tampa-St. Augustine-Palatka-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 17	Tampa-Miami-Delray Beach-Tampa	N	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	Aug 18	Tampa-Tallahassee-Taylor-Live Oak-Lake City-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 19	Tampa-Orlando-Lakeland-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 20-21	Tampa-Fernandina Beach-Jacksvonville-Panama City-Tampa	Y	Y	N	0
Jim Davis for Governor	Aug 22	Tampa-Ft. Lauderdale-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 23	Tampa-West Palm Beach-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 25-26	Tampa-Dade City-Brooksville-The Villages-Altamonte Springs-Tampa	Y	Y	N	0
Jim Davis for Governor	Aug 27	Tampa-Daytona-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 28	Tampa-Ft. Lauderdale-Tampa	N	Y	N	0
Jim Davis for Governor	Aug 29	Tampa-Citrus-Levy-Gilchrest-Dixie	N	Y	N	0
Jim Davis for Governor	Aug 30-31	Tampa-Tallahassee-Jacksonville-White Springs-Tampa	Y	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	Sept. 3-4	Tampa-Boca Raton-Hollywood-Okeechobee-Tampa	Y	Y	N	0
Jim Davis for Governor	Sept. 5	Tampa-Ft. Lauderdale-Miami-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 17	Tampa-Celebration-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 19	Tampa-West Palm Beach-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 20	Tampa-Ft. Myers-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 24	Tampa-Ft. Pierce-West Plam Beach-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 25	Tampa-Miami-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 26-28	Tampa-Ft. Lauderdale-Miami-Orlando-Tampa	Y	Y	N	0
Jim Davis for Governor	Sept. 29	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	Sept. 30-Oct. 1	Tampa-Miami-Orlando-Washington, DC	Y	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses *totalling more than $305 received* by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	Oct. 9	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	Oct. 10-11	Tampa-Ft. Lauderdale-Tampa	Y	Y	N	0
Jim Davis for Governor	Oct 12-14	Tampa-Ft. Lauderdale-Miami-Tampa	Y	Y	N	0
Jim Davis for Governor	Oct. 15-16	Tampa-Ft. Myers-Ft. *Lauderdale-Tampa*	Y	Y	N	0
Jim Davis for Governor	Oct. 17-19	Tampa-Miami-Ft. Lauderdale-Tampa	Y	Y	N	0
Jim Davis for Governor	Oct. 20-22	Tampa-West Palm Beach-Jacksonville-Tallahassee-Orlando-Tampa	Y	Y	N	0
Jim Davis for Governor	Oct. 28	Washington, DC-Orlando-Dunedin-TampA	N	Y	N	0
Jim Davis for Governor	Oct. 30	Tampa-Gainesville-Tampa	N	Y	N	0
Jim Davis for Governor	Oct. 31	Tampa-DeSoto-Glades-Tampa	N	Y	N	0
Jim Davis for Governor	Nov. 3	Washington, DC-West Palm Beach-Ft. Lauderdale-Tampa	N	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	Nov. 4	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	Nov. 6	Tampa-Melbourne-Tampa	N	Y	N	0
Jim Davis for Governor	Nov. 9-10	Washington, DC-Panama City-Tallahassee-Washignton, DC	Y	Y	N	0
Jim Davis for Governor	Nov. 11	Tampa-Tallahassee-Tampa	N	Y	N	0
Jim Davis for Governor	Nov. 12-13	Tampa-Vero Beach-Ft. Lauderdale-Tampa	Y	Y	N	0
Jim Davis for Governor	Nov. 16-17	Washington, DC-Miami-Washington, DC	Y	Y	N	0
Jim Davis for Governor	Nov. 19	Tampa-Orlando-Tampa	N	Y	N	0
Jim Davis for Governor	Nov. 20	Tampa-Jacksonville-St. Augustine-Tampa	N	Y	N	0
Jim Davis for Governor	Nov. 24-26	Tampa-Jacksonville-Gainesville-Tampa	Y	Y	Y	0
Jim Davis for Governor	Nov. 29	Tampa-Jacksonville-Tampa	N	Y	N	0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the *Foreign Gifts and Decorations Act* (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jim Davis for Governor	Nov. 30-Dec. 1	Tampa-Tallahassee-Tampa	Y	Y	N	0
Jim Davis for Governor	Dec. 3-4	Tampa-Sarasota-Miami-Tampa	Y	Y	N	0
Jim Davis for Governor	Dec. 4	Tampa-Palatka-Tampa	N	Y	N	0
Jim Davis for Governor	Dec. 6-7	Tampa-Pensacola-Destin-Washington, DC	Y	Y	N	0
Jim Davis for Governor	Dec. 9-11	Tampa-Orlando-Tampa	Y	Y	Y	0
Jim Davis for Governor	Dec. 13-14	Tampa-Orlando-Tallahassee-Washington, DC	Y	Y	N	0
Jim Davis for Governor	Dec. 15-16	Washington, DC-Ft. Lauderdale-Washington, DC	Y	Y	N	0
Jim Davis for Governor	Dec. 19-21	Washington, DC-Miami-Ocala-Tampa	Y	Y	N	0
Jim Davis for Governor	Dec. 28	Tampa-Useppa-Tampa	N	Y	N	0

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 10 AM 10: 39
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Jo Ann Sides Davis
(Full Name)

4741 Davis Way Gloucester, VA 23061
(Mailing Address)

202 225 9849
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: VA District: 01	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $306 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $306 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05/08/2006

1082

SCHEDULE I - EARNED INCOME

Name Jo Ann Sides Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Virginia State Retirement System	Spouse Retirement	n/a
Davis Property Management	Spouse Business Income	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Sides Davis

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the *optional column on the far left.*		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold ($), or exchanged (E) in reporting year.
JT	Chesapeake Bank	$1,001 - $15,000	Savings	$201 - $1,000	
JT	EdwardJones Investments Putnam Invt. Growth Opport.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	ICMA Retirement	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
	Merrill Lynch Sep IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Sun America IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Pepco Stocks	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Sides Davis

JT	Southern Co. Stocks	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Sun America Stocks Anchor National ICAP Growth Fund	$1,001 - $15,000	DIVIDENDS	NONE	
JT	Sun America Stocks Gov't Quality Bond	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Thrift Savings Plan	$50,001 - $100,000	DIVIDENDS	NONE	
JT	7 Red Cedar Way Newport News, VA	$100,001 - $250,000	RENT	$15,001 - $50,000	
JT	56 Bedford Road Newport News, VA	$50,001 - $100,000	RENT	$5,001 - $15,000	
JT	304-B Maple Avenue Newport News, VA	$50,001 - $100,000	RENT	$5,001 - $15,000	
JT	102 Haverstraw Yorktown, VA	$100,001 - $250,000	RENT	$5,001 - $15,000	
SP	Edward Jones Investments	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE V - LIABILITIES

Name Jo Ann Sides Davis

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Chesapeake Bank	Mortgage on Rental Properties	$100,001 - $250,000
	Bank of America	P. O. Box 1038 Norfolk, VA 23501	$10,001 - $15,000
	MBN	P. O. Box 15955 Wilmington, DE	$15,001 - $50,000
	American Express	Credit Card	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
5 LEGISLATIVE RESOURCE CENTER
MC 2006 MAY 12 AM 9:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Lincoln Edward Davis
(Full Name)
410 Cannon House Office Building
Washington, DC 20515
(Mailing Address)
202-225-6831
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives — State: TN District: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lincoln Edward Davis	5-10-06

Name Lincoln Edward Davis | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pickett County Board of Education	Spouse Salary	NA
	State of Tennessee Retirement	Pension	$8820

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lincoln Edward Davis

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or *less* in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	SP Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Farmland: 507 acres co-owned with Brother in Fentress & Pickens County								X												X											
	Diversified Construction Company Asset include equipment & Real Estate							X									X											X				

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Diversified Construction company which is owned by the member has a open line of credit secured by real estate at People's Bank & Trust and at the time of this report no liability has accrued											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Diversified Construction Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2006 25-628 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

HAND DELIVERED

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

4

MC

Lincoln Edward Davis
(Full Name)

410 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

202-225-6831
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives — State: TN District: 04	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6-13-06

1092

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pickett County Board of Education	Spouse Salary	NA
	State of Tennessee Retirement	Pension	$8820

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lincoln Edward Davis

BLOCK A — Asset and/or Income Source

Identify (a) each asset *held for investment* or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide *full names of any mutual funds*. For a *self-directed* IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, *name the institution holding the account and* provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; *any financial interest in or income derived from* U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), *in the optional column on the far left.*

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or *exchanged* (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples:* Mega Corp. Stock		E	DIVIDENDS	IV	P
Examples: Simon & Schuster	Indefinite		Other Type of Income: Royalties		X
Examples: 1st Bank of Paducah, KY accounts		F	INTEREST	VI	
Farmland: 507 acres co-owned with brother in Fentress & Pickett County	H			I	
Diversified Construction Company Assets include equipment & Real Estate	G		CAPITAL GAINS	VIII	

For additional assets and unearned income, use next page.

/

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Diversified Construction Company
	PO Box 358
	Byrdstown, TN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2008 25-628 (mac)

Use additional sheets if more space is required.

2006 MAY 15 PM 4:29

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED MC

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

Susan A. Davis
(Full Name)

1224 Longworth HOB Washington, DC 20515
(Mailing Address)

202-225-2040
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: CA, District: 53	Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Susan A. Davis	5-15-06

1096

SCHEDULE I - EARNED INCOME

Name Susan A. Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Self Employment	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. *If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.*		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	4113-15 Arbor vitae San Diego, CA	$250,001 - $500,000	Rent	$5,001 - $15,000	
JT	American Advantage Mileage Fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
JT	American International Group Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Ariel Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Ariel Fund	$15,001 - $50,000	None	$1 - $200	
JT	Cal-Amer Inc Prop IV	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

JT	Cisco Systems Inc	$1,001 - $15,000	DIVIDENDS	NONE	
JT	Costco Wholesale Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Dreyfus GNMA Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Dreyfus GNMA Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	Dwight Asset Mgt Stb Val	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Fidelity Cash Reserves	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
SP	Fidelity Contrafund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Fidelity Emerging Markets	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Franklin Balance Sheet	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	E
JT	General Electric	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Hartford Stck HLS	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	E
SP	Hartford Stock HLS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	E
JT	Home Depot	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Janus Investment Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

SP	Janus Invt Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Julius Baer Invt Funds	$1,001 - $15,000	DIVIDENDS	NONE	
JT	Los Gatos California Unified School District	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Pamassus Income Trust Equity Income Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Payden Core Bond Fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	Payden Global Short Bond Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	PIMCO FDS PAC Invst Mgmt SER	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Pimco FDS PAC INVT MGMT	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
JT	Procter & Gamble	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Selected American Shares, Inc.	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
JT	Smucker JM Company	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Strong Advisor Small Cap	$1,001 - $15,000	DIVIDENDS	NONE	S
SP	Svgs Pls LrgCp Bind Fd	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
	Svgs Pls LrgCp Bind Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

	Svgs Pls SmCp Value Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
SP	T. Rowe Mid Cap Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	T. Rowe Price Emerg Euro $ Mediterranean	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	T. Rowe Price Equity Income FundQ	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
	T. Rowe Price Mid Cap Gr	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	T. Rowe Price MID CAP Growth	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	T. Rowe Price Mid Cap Growth Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	TD Waterhouse MMF US Govt Portfolio	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	TD Waterhouse MMF US Govt Portfolio (SWEEP)	$1 - $1,000	DIVIDENDS	$1 - $200	P
SP	TD Waterhouse Money Market	$15,001 - $50,000	INTEREST	$201 - $1,000	
	TD Waterhouse Money Market Account	$1 - $1,000	DIVIDENDS	$1 - $200	
	Third Avenue Value Fund Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Vanguard Fixed Income SEC FD	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Vanguard Index Trust	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

SP	Vanguard Index Trust 500	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
JT	Vanguard Index Trust 500	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Vanguard Limited Term Tax Exempt Fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
	Vanguard Total Bond Inst	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Verizon Communications	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Wells Fargo Advantage Small Cap Value Fund Class Z	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Wells Fargo Small Cap Opptty Admin	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Home Depot	P	9/12/05	$15,001 - $50,000
JT	Vanguard Limited Term Tax Exempt Fund	S	9/12/05	$15,001 - $50,000
SP	Svgs Pls LrgCp Bind Fd	E	8/24/05	$1,001 - $15,000
	Franklin Balance Sheet	E	12/7/05	$1,001 - $15,000
	Svgs Pls SmCp Value Fund	E	12/7/05	$1,001 - $15,000
	Svgs Pls LrgCp Bind Fund	E	8/24/05	$15,001 - $50,000
SP	Fidelity Contrafund	P	8/17/05	$15,001 - $50,000
SP	T. Rowe Price Emerg Euro $ Mediterranean	P	8/17/05	$15,001 - $50,000
SP	Wells Fargo Advantage Small Cap Value Fund Class Z	P	9/12/05	$1,001 - $15,000
	Hartford Stck HLS	E	8/24/05	$15,001 - $50,000
SP	Hartford Stock HLS	E	8/24/05	$1,001 - $15,000
SP	Dreyfus GNMA Fund	S	9/12/05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	TD Waterhouse MMF US Govt Portfolio (SWEEP)	P	9/13/05	$1,001 - $15,000
SP	Strong Advisor Small Cap	S	9/12/05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Susan A. Davis

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Washington Mutual	Mortgage on 4112-15 Arbor Vitae	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Susan A. Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Democratic Leadership Council	April 28-May 1, 2005	Wash, D.C-New Orleans, LA-Wash., D.C.	Y	Y	Y	N/A
The Faith and Politics Institute	March 4-6, 2005	Wash.,D.C-Selma, AL-Wash.,D.C.	Y	Y	N	N/A
The Congressional Program of the Aspen Institute	Aug 21-26, 2005	San Diego, CA-Dublin, Ireland-Wash.,D.C.	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY 12 PM 4:37
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(Office Use Only)

Thomas M. Davis III
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

202-225-1492
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S House of Representatives	State: Virginia District: 11th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Davis	May 12, 2006

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Senate of Virginia	Spouse Salary	NA
	Student Loan Marketing Association	Spouse Salary	NA
	ICG Government, LLC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas M. Davis III

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	DC Simon & Schuster		Indefinite																	Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X										X						
	Oceana Property Partnership Virginia Beach, VA						X								X										X							
	Bank of America - Money Mkt. Sg			X												X							X									
	New York Life Insurance				X											X						X										
	Black & Decker Stock			X										X								X										
	PRC, Inc. 401K Plan	X														X								X								E
	Fairfax Co. Deferred Comp. 401K	X														X									X							E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas H. Davis III

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	JER Investors Trust, Inc.			X										X									X									P
	American FD Balanced				X									X			X						X									P
	American FD Capital				X									X			X							X								P
	Janus Growth & Income FD				X																X											P
	Schwab Cash Reserves					X								X										X								P
	R-G Premier BK					X															X											P
	American Century Equity				X																X											P
	Constellation Tip Small				X									X			X						X									P
	Excelsior Value and Restructuring				X									X								X										P
	Harding Loevner Emerging			X																	X											P
	Janus Growth & Income Fund				X																X											P
	Janus Mid Cap Value Fund				X																X											P
	Laudus Int. Small Inv.				X																X											P
	Marsico Intl. Fund				X																X											P
	Pimco Total Return Fund			X										X								X										P
	Schwab Health Care Fund			X																	X											P
	Schwab Premier Equity				X									X								X										P
	SSGA Intl. Stock			X																	X											P
	UMB Scout Worldwide Fund				X																X											P
	Value Line Emerging Opp. Fund			X																	X											P
	William Blair Small Cap Fund			X																	X											P
	Virginia State Public Auth. Bond	X												X										X								E

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas H. Davis III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Fairfax Co. Public Imp. Funds	X														X										X						E
	Schwab Dividend Equity				X																											P
	Schwab Small Cap Equity				X																											P
	Schwab Yield Plus select					X								X									X									P
	Schwab 1000 Index Fund					X																										P
	SCH Muni Money Fund	X												X								X										E
	SCH Muni Money Fund	X												X								X										E
	Schwab Small Cap Index Fd.	X																				X										S
	Premier Select TRAD IRA	X														X										X						E
	Premier Select SEP IRA	X														X						X										E
	TransAmerica Life Ins. Am.				X											X							X									
	Virginia Retirement System IRA			X												X						X										

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Davis III

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–05		X								
	Landis Int. Small Inv.	X			12/28/05		X								
	Marsico International Fund	X			12/28/05		X								
	Pimco Total Return Fund	X			12/28/05	X									
	Schwab Health Care Fund	X			12/28/05	X									
	Schwab Premier Equity	X			12/28/05		X								
	SSGA Intl. Stock	X			12/28/05	X									
	UMB Scout Worldwide Fund	X			12/28/05		X								
	Value Line Emerging Opp. Fund	X			12/28/05	X									
	William Blair Small Cap. Fund	X			12/28/05	X									
	Fremont US Micro Cap Fund		X		08/29/05	X									
	Janus Worldwide		X		08/29/05	X									
	Schwab Intl. Index Fund		X		08/29/05	X									
	Schwab S&P 500 Inv. SHS		X		08/29/05	X									
	Weitz Value Fund		X		08/29/05	X									
	SCH Moni Money Fund			X	08/29/05				X						
	Schwab Dividend Equity	X			12/28/05		X								

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Name Thomas M. Davis III

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	PRC, Inc. 401K Plan			X	08/29/05					X					
	Fairfax County Deferred Compensation			X	08/29/05			X							
	Virginia State Public Authority Bonds			X	08/29/05		X								
	Fairfax County Public Improvement Funds			X	08/29/05		X								
	JER Investors Trust, Inc.	X			07/19/05	X									
	American FD Balanced	X			08/29/05		X								
	American FD Capital	X			08/29/05		X								
	Janus Growth & Income FD	X			08/29/05		X								
	Schwab Cash Reserves	X			12/28/05			X							
	R-G Premier Bk	X			12/28/05			X							
	American Century Equity	X			12/28/05		X								
	Constellation Tip Small	X			12/28/05		X								
	Excelsior Value and Restructuring	X			12/28/05		X								
	Harding Loevner Emerging	X			12/28/05	X									
	Janus Growth & Income Fund	X			12/28/05		X								
	Janus Mid Cap Value Fund	X			12/28/05		X								

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Davis III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Schwab Small-Cap Equity	X			12/28/05		X								
	Schwab Yield Plus Select	X			12/28/05			X							
	Schwab 1000 Index Fund	X			12/28/05			X							
	Schwab Small Cap Index Fund		X		08/29/05	X									
	Premier Select TRAD IRA			X	08/29/05			X							
	Premier Select SEP IRA			X	08/29/05	X									
	SCH Muni Money Fund			X	08/29/05				X						

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Name Thomas M. Davis III

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on persona friendship received from Committee on Standards)	$325
Mr. Bob Pence, Washington, DC	Pence Birthday Celebration (determination on personal friendship received from Cmt. on Standards)	$13,110

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Principia College	7/22-23	Wash, DC - Elsah IL - Wash, DC	Y	Y	N	None
	Consumer Electronics Assn.	1/7-9	Wash, DC - Las Vegas - Wash, DC	Y	Y	Y	None

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2006 JUN 14 PM 4:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Nathan Deal
(Full Name)

4685 Nopone Road Gainesville, GA 30506
(Mailing Address)

5-5211
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: GA — District: 10 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Nathan Deal	14 June 06

1117

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Aurora Capital Fund	$100,001 - $250,000	IRA, see attached	none	
	Gainesville Salvage and Disposal, 50% owner, 150 acres, 1602 Athens Highway, Gainesville, Georgia	$1,000,001 - $5,000,000	business-property	none	
JT	375 Log Cabin Road Demorest, GA	$250,001 - $500,000	15 acres	none	

AURORA CAPITAL MGT/MAN SECURITIES
J. NATHAN DEAL IRA
Account Information as of 12/13/2005

Total Acct. Value **105,629.61**

All shares held in Money Market - Short Term Income Fund

STERNE AGEE & LEACH INC C/F
J. NATHAN DEAL IRA
Account Information as of 12/13/2005

Total Acct Value **107,051.02**

Positions

Quantity	Name	Symbol	Mkt Price	Value
				100,690.93
127.952	CALAMOS INVT GROWTH FD C	CVGCX	53.36	6,827.52
200	CITIGROUP CAP VIII 6.95%	C.Z	25.18	5,036.00
2,000	DEBT STRATEGIES FD NEW	DSU	6.24	12,480.00
100	FIRST HORIZON NATL CORP	FHN	39.3	3,930.00
1,000	GB & T BANCSHARES INC	GBTB	23.11	23,110.00
500	GMAC 7.25% PFD	GKM	21.44	10,720.00
1,855.50	KELMOORE STRT EAGLE FD C	KSECX	12.58	23,342.23
517.642	PIONEER HGH YLD FD CL C	PYICX	10.95	5,668.18
10,000	FNMA NOTE 5.0 010917		95.77	9,577.00
			Cash Available	6,360.12

Total IRA Investment Portfolio **212,680.63**
As of 12/13/2005

MUTUAL FUNDS TOP 10 HOLDINGS:

127.952	CALAMOS INVT GROWTH FD C	CVGCX	53.36	6,827.52

Fund Information

Representative Holdings* as of 9/30/05	
Apple Computer, Inc.	4.80%
Motorola, Inc	3.70%
Amazon.com, Inc.	3.50%
eBay, Inc.	2.80%
Wellpoint, Inc.	2.10%
Google, Inc.	2.00%
HCA, Inc.	1.60%
Hewlett-Packard Company	1.50%
Weatherford International, Ltd.	1.50%
Express Scripts, Inc.	1.50%

1,855.50 KELMOORE STRT EAGLE FD C	KSFCX	12.58	23,342.23

Top 10 Holdings (as of 11/30/2005)

Applied Matls Inc Com	7.40%
Cisco Systems Inc	7.17%
Marvell Technology Group Ltd	6.81%
Microsoft Corp	6.79%
Oracle Corporation	6.42%
Research In Motionlimited	6.24%
Juniper Networks Inc.	5.51%
Intel Corp.	5.45%
Kla-Tencor Corp.	5.23%
Tibco Software Inc.	5.1287

517.642 PIONEER HGH YLD FD CL C	PYICX	10.95	5,668.18

Top 10 Holdings

1	Tesoro Petroleum Corp., 9.625%, 4/1/12	4.08%
2	Freeport-MC Copp., 5.5%, 12/31/49	3.52%
3	Bowater Inc., 6.5%, 6/15/13	2.97%
4	Millennium Chemicals Inc. 4.00%, 11/15/2023	2.82%
5	Interpublic Group Inc., 7.25%, 8/15/11	2.63%
6	Valeant Pharmaceuticals 7.0%, 12/15/2011	2.47%
7	Crescent Real Estate, 9.25%, 4/15/09	2.28%
8	DRS Technologies Inc., 6.875%, 11/1/13	2.19%
9	Forest City Enterprises, 7.625%, 6/1/15	2.14%
10	SCI Systems Inc., 3.0%, 3/15/07	2.07%

SCHEDULE IV - TRANSACTIONS

Name Nathan Deal

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. *Include transactions that resulted in a loss. Do not report a* transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	625 Log Cabin Road Demorest, GA	P	May, 2005	$500,001 - $1,000,000
JT	Hwy. 365 and Charlie Davis Road Baldwin, GA	P	March, 2005	$250,001 - $500,000
JT	Flintridge Raod Gainesville, GA	S	February, 2005	$250,001 - $500,000
	Gainesville Salvage and Disposal expansion, 37 acres in Metter, Georgia 50% co owner of business	P	January, 2005	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name Nathan Deal

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Gainesville Bank and Trust Gainesville, Georgia	Commercial laon on constrcution of building on Hwy. 365 Demorest Georgia	$250,001 - $500,000
JT	Jerry and Pat Brown 625 Log Cabin Road Demorest, Georgia	mortgage laon on property	$250,001 - $500,000
	Peach State Bank, Gainesville, Georgia	Buisness loan on 50% ownership of Gainesville Salvage	$1,000,001 - $5,000,000
	Gainesville Bank and Trust Gaiensville, Georgia	Car loan	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Nathan Deal

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Retired -Former Members of Congress Association	May 28-June 3rd	DC- Cypress	Y	Y	N	5 days

SCHEDULE VIII - POSITIONS

Name Nathan Deal

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary- Tres.	Recovery Services Inc. Dba, Gainesville Salvage and Disposal

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

INSIDE MAIL 9

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Peter DeFazio
(Full Name)

2134 RHOB
(Mailing Address)

202 225 6416
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: OR District: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	7 May 06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. GOVT	SELF SALARY	N/A
	CITY OF EUGENE	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Defazio

Page 7 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the *account that exceeds the reporting threshold*, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	SP Mega Corp. Stock				X									X										X								P
DC Examples	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah KY accounts						X									X										X						
SELF	W. PATMAN FCU			X												X						X										
SELF	SELCO CU			X												X						X										
SELF	BANK OF NEW ZEALAND			X												X						X										
SELF	ASB BANK			X												X							X									
SELF	IRA / COMMONWEALTH FUND			X																				X								P
SELF	Oakmark Select			X										X			X						X									P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
SELF	Dominion Resources	C	DIVIDENDS; CAPITAL GAINS	IV	S
SP	IRA Oakmark EQY	E			
SP	Pacific Cascade FCU	C	INTEREST	II	
SP	Bank of New Zealand	D	INTEREST	IV	
SP	Sentinel Balanced Fnd	E	DIVIDENDS	IV	
SP	Deferred Comp ING				
	↑ Fidelity Contra	E			P
	ING Fixed	F			P
	Pay Works Balanced	C		No income	P
	ING VP Mid Cap	D		This is deferred	P
	Scudder EQY	A		compensation account.	E
	Euro Pac Growth	C		Any & all earnings	P
	Baron Growth	D		are returned & reinvested	P
	Hartford Idx Index	C		in account & reflected	E
	Van Kampen Comstock	C		in year-end value	P
	Templeton Gr Fund	C			P
	↓ ING Balanced Portfolio	A			E
JT	1/4 Shore Rental 36 Hempstead Avenue NZ	E	RENT	III	
JT	Rental 335 Awaking Awaking NZ	G	RENT	V	

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Name DeFazio

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
SELF	OAKMARK SELECT	X			MONTHLY PAYROLL TRANS	X (TOTAL FOR YEAR)									
SELF	COMMONWEALTH FUND (IRA)	X			5/18	X (PURCH FM AMERITRADE MONEY MKT)									
SELF	DOMINION RESOURCES		X		2/4	X									
SP	ING IRA														
"	SCUDDER			X	6/1	X									
"	VANGUARD INST INDEX	X		X	6/1	X									
	FIDEL CONTRA														
	ING FIXED														
	PAX WLD BAL														
	ING VP MID CAP														
	EURO PAC GWTH														
	BARON GROWTH														
	VANKAMPEN COMSTOCK														
	TEMPLETON FOR														
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PURCHASE

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Name DeFazio | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	SUNTRUST	MORT 1083 5.70TH SPRLD OR				X						
JT	COUNTRYWIDE	MORT 53860 PINEGROVE LAPINE OR		X								
JT	BANK OF NEW ZEALAND 1/4 int	MORT 36 HEMPLEMAN AUGLAND NZ		X								
JT	BANK OF NEW ZEALAND	MORT 335 ANNAKIWA, AUCKLAND NZ			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the *Foreign Gifts and Decorations Act* (5 U.S.C. § 7342); *political travel that is required to be reported under the Federal Election Campaign Act; travel provided to* a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—*Point of Return*	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO, 2006 25-628 (mec)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

Diana Louise DeGette
(Full Name)

1527 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-4431
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: CO District: 01	☐ Officer Or Employee	Employing Office: Rep. Diana DeGette
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Diana DeGette	5/15/06

SCHEDULE I - EARNED INCOME

Name Diana Louise DeGette

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
McKenna Long & Aldridge LLP	Spouses's Share of Partnership Income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Wells Fargo Bank West	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Fidelity Balanced Fund	$1,001 - $15,000	Dividends/Capital Gains	$1 - $200	P
	Public Employees Retirement Ass'n	$1,001 - $15,000	Interest	$201 - $1,000	N/A
IRA	Fidelity Leveraged Co. Sock Fun	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
IRA	Fidelity Select Leisure Fund	$1,001 - $15,000	Capital Gains	$1 - $200	P
IRA	Fidelity Aggressive Growth	$1,001 - $15,000	NA	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

SP, IRA	Fidelity Contrafund	$1,001 - $15,000	Dividends/Capital Gains	$1 - $200	P
SP, IRA	Fidelity Leveraged Co. Stock Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	P
SP, IRA	Fidelity Select Medical Delivery Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	P
SP, IRA	Hodges Fund	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
SP, IRA	Fidelity Cash Reserves	$1 - $1,000	Dividends	$1 - $200	P
SP, IRA	Chase Growth Fund	$1,001 - $15,000	NA	N/A	P
SP, IRA	Baron Small Cap Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	P
SP, IRA	Baron Partners Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	P
SP, IRA	Hennessy Focus 30 Fund	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	P
SP, IRA	Stratton Growth Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
SP	Van Kampen Growth & Income (McKenna Long & Aldridge Profit Sharing Plan)	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
SP	Artisan Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	$15,001 - $50,000	NA	N/A	P
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan)	$15,001 - $50,000	Dividends	$2,501 - $5,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge Profit Sharing Plan)	$15,001 - $50,000	NA	N/A	P
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	None	Dividends	$2,501 - $5,000	P
SP	Van Kampen Growth & Income (McKenna Long & Aldridge 401 (k))	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	Artisan Mid Cap Value (McKenna Long & Aldridge 401 (k))	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	GS Small Cap Value I (McKenna Long & Aldridge 401 (k))	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge 401 (k))	$1,001 - $15,000	NA	N/A	P
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge 401 (k))	None	Dividends	$201 - $1,000	P

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge 401(k))	P	1-13-05	$1,001 - $15,000
SP	Smith Barney Appreciation Fund (McKenna Long & Aldridge 401(k))	P	1-13-05	$1,001 - $15,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge Profit Sharing Plan)	P	2-18-05	$15,001 - $50,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge 401(k))	P	2-18-05	$1,001 - $15,000
SP	Smith Barney Appreciation Fund (McKenna Long & Aldridge 401(k))	P	2-18-05	$1,001 - $15,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge Profit Sharing Plan)	S	3-17-05	$100,001 - $250,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge 401 (k))	S	3-17-05	$1,001 - $15,000
SP	Smith Barney Appreciation Fund (McKenna Long & Aldridge 401(k))	S	3-17-05	$15,001 - $50,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge Profit Sharing Plan)	P	3-17-05	$15,001 - $50,000
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	P	3-17-05	$15,001 - $50,000
SP	GS Small Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	P	3-17-05	$15,001 - $50,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge 401(k))	P	3-17-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge 401(k))	P	3-17-05	$1,001 - $15,000
SP	GS Small Cap Value (McKenna Long & Aldridge 401 (k))	P	3-17-05	$1,001 - $15,000
JT	Cisco Common Stock	S	3-22-05	$1,001 - $15,000
SP	Boeing Co. Common Stock	S	3-22-05	$1,001 - $15,000
SP	Walt Disney Co. Common Stock	S	3-22-05	$15,001 - $50,000
SP	Procter & Gamble Co. Common Stock	S	3-22-05	$1,001 - $15,000
SP	Fidelity Growth Company	S	3-22-05	$15,001 - $50,000
SP	Fidelity Growth & Income	S	3-22-05	$1,001 - $15,000
SP	Fidelity Magellan Fund	S	3-22-05	$1,001 - $15,000
SP	Fidelity Select Electronics	S	3-22-05	$1,001 - $15,000
SP	Fidelity Select Technology	S	3-22-05	$1,001 - $15,000
SP	Fidelity Aggressive Growth	S	3-22-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Cisco Common Stock	S	3-22-05	$1,001 - $15,000
SP	Fidelity Contrafund	P	3-22-05	$1,001 - $15,000
SP	Fidelity Leveraged Co. Stock Fund	P	3-22-05	$1,001 - $15,000
SP	Fidelity Select Medical Delivery Fund	P	3-22-05	$1,001 - $15,000
SP	Fidelity Leveraged Co. Stock Fund	P	3-23-05	$15,001 - $50,000
SP	Fidelity Select Medical Delivery Fund	P	3-23-05	$1,001 - $15,000
SP	Hodges Fund	P	3-23-05	$1,001 - $15,000
JT	Fidelity Balanced Fund	P	3-23-05	$1,001 - $15,000
SP	Chase Growth Fund	P	3-23-05	$1,001 - $15,000
SP	Baron Small Cap Fund	P	3-23-05	$1,001 - $15,000
SP	Baron Partners Fund	P	3-23-05	$1,001 - $15,000
SP	Hennessy Focus 30 Fund	P	3-23-05	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Stratton Growth Fund	P	3-23-05	$1,001 - $15,000
	Fidelity Magellan Fund	S	4-25-05	$1,001 - $15,000
	Fidelity Growth Company	S	4-25-05	$1,001 - $15,000
	Fidelity Leveraged Co. Stock Fund	P	4-25-05	$1,001 - $15,000
	Fidelity Select Leisure Fund	P	4-25-05	$1,001 - $15,000
	Hennessy Focus 30 Fund	P	11-17-05	$1,001 - $15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan	P	12-8-05	$1,001 - $15,000
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	P	12-12-05	$1,001 - $15,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge Profit Sharing Plan)	P	12-14-05	$1,001 - $15,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge Profit Sharing Plan)	S	12-30-05	$15,001 - $50,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridgem 401(k))	S	12-30-05	$1,001 - $15,000
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	S	12-30-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Wells Fargo C & B Mid Cap Value (McKenna Long & Aldridge 401 (k))	S	12-30-05	$1,001 - $15,000
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge Profit Sharing Plan)	P	12-30-05	$15,001 - $50,000
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge 401(k))	P	12-30-05	$1,001 - $15,000
SP	Artisan Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	P	12-30-05	$15,001 - $50,000
SP	Artisan Mid Cap Value (McKenna Long & Aldridge 401 (k))	P	12-30-05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Diana Louise DeGette

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Harvard JFK Government	Jan 13-16	Denver, CO-Ft.Lauderdale, FL-Denver, CO	Y	Y	Y	N/A
International Management & Development Institute	Feb 20-26	Denver, CO-Paris, France-Frankfurt, Germany-Denver, CO	Y	Y	N	N/A
The Faith and Politics Institute	March 4-6	Washington, DC-Birmingham, AL-Denver, CO	Y	Y	N	N/A
The Aspen Institute	Aug 18-26	Denver, CO-Dublin, Ireland-Denver, CO	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Diana Louise DeGette

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Colorado Children's Chorale

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

HAND DELIVERE

LEGISLATIVE RESOURCE CENTI

MC 2006 MAY 12 PM 3:01

(Office Use Only)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVI

A $200 penalty shall be assessed against anyone who files more than 30 days late.

William D Delahunt
(Full Name)

2454 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202.225.3111
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: MA — District: 10 ☐ Officer Or Employee — Employing Office

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	William Delahunt	May 12, 2006

SCHEDULE I - EARNED INCOME

Name William D. Delahunt

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Commonwealth of Massachusetts Retirement System	Pension	$56,723.76

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name William D. Delahunt

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, *the value should be* "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Citizen's Bank, Quincy, MA	$1,001 - $15,000	INTEREST	$201 - $1,000	
Commonwealth of Massachusetts Deferred Compensation Plan	$250,001 - $500,000	INTEREST	$5,001 - $15,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name *William D. Delahunt*

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. *Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the* sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
International Management & Development Institute	Feb 19-25, 2005	Boston-Paris, France-Stuttgart, Germany-Boston	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

2006 MAY 15 PM 12: 04 17

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED MC
(Office Use Only)

Rosa L. DeLauro
(Full Name)

49 Huntington Street
(Mailing Address)

202-225-3661
Daytime Telephone

New Haven, CT 06511

Filer Status	[X] Member of the U.S. House of Representatives	State: CT District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any *reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)?* **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing *in the current calendar year?* **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 *during the reporting period?* **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during *the reporting period?* **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they *meet all three tests for exemption?*	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person *upon written application* and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rosa DeLauro	5/12/06

1152

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Greenberg Quinlan Rosner Research, Inc.	Spouse Salary	N/A
	Greenberg Research, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C						Block D												Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	
SP	SP Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	Chase Manhattan-Escrow			X												X						X										
	Bk of Amer CT Scholarship			X												X						X										
JT	United Bank Checking				X											X						X										
S	United Bank Savings			X												X						X										
JT	Bank of America (CT)			X																	X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 2 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	MERRILL LYNCH-JOINT																															
	NM Ford Motor CDT Co. Bd	X														X						X										S
	NM General Motors Bond	X														X						X										S
	Diamonds Trust Series I				X									X									X									P
	Enhanced Equity Yield			X										X									X									P
	I Shares TR Rus 2000	X												X			X							X								S
	Midcap SPDR TR Ser 1	X												X			X							X								S
	Nasdaq 100 Tr Unit Ser 1			X										X								X										S
	Standards & Poor DEP RCPT				X									X			X							X								S
	CMA-Cash MMF					X										X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 3 of 7

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Merrill Lynch																															
	NM Ford Motor CDT Co. Bond	X														X						X										S
	NM General Motors Bond	X														X						X										S
	Diamonds Trust Series I				X									X									X									P
	Enhanced Equity Yield Fd			X										X									X									P
	I Shares TR Rus 2000	X												X			X						X									S
	Midcap SPDR TR Ser 1	X												X			X						X									S
	Nasdaq 100 Tr Unit Ser I			X										X								X										
	Standards & Poor DEP RCPT				X									X			X							X								S
	CMA-Cash MMF				X											X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 4 of 7

SP DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	TIAA Traditional-Retirement					X										X									X							
SP	CREF Stock-Retirement						X										X									X						
	TIAA Traditional Retirement				X											X								X								
	CREF Stock - Retirement					X											X									X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	John Hancock(Formerly Manulife Financial Corp.) Greenberg Quinlan Rosner Research Retirement Plan: Funds:																															
	JH Pimco Total Return				X												X						X									P
	JH Weitz Partner Value				X																X											P
	JH Franklin Balance Sheet					X											X								X							P
	JH Lord Abbett All Value					X											X							X								P
	JH Lord Abbett Mid Cap Value					X											X															P
	JH Scudder RREEF Real Est					X											X									X						P
	JH Excelsior Value & Res					X											X								X							P
	JH Jennison Growth				X												X									X						P
	JH Templeton Foreign					X											X															P
	JH ATM Small Cap Growth				X												X							X								P
	Small Cap Index Fund				X												X															P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S. E
	The following asset is held in joint name with mother, Louise DeLauro for estate purposes only. Asset is under control of and all income is reported by joint tenant, Louise DeLauro.																															
	Bank of America Checking	X																			X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Greenberg Quinlan Rosner Research Inc. 67% owner 10 G Street, NE Washington, DC 20002 Polling/Consulting Services										X			SEE STATEMENT I							X											
SP	Greenberg Research Inc. 100% Owner 10 G Street, NE Washington, DC 20002 Strategic Consulting				X									SEE STATEMENT II							X											
SP	Sun Surveys LLC 60% Owner 9425 Sunset Drive Miami, FL Phone surveys			X																	X											

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-05		X								
JT	Merrill Lynch														
	Diamonds Trust Ser I	X			4-15-05	X									
	Enhanced Equity Yield Fund	X			5-6-05	X									
	I Shares TR Rus 2000		X		4-12-05	X									
	Midcap SPDR TR Ser 1		X		4-12-05	X									
	Standards & Poor DEP RCPT		X		4-12/05	X									
	NM Ford Motor CDT Co. Bond		X		6-20-05	X									
	NM General Motors Bond		X		7-15-05	X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Merrill Lynch														
	Diamonds Trust Series I	X			4-15-05	X									
	Enhanced Equity Yield Fund	X			5-6-05	X									
	NM Ford Motor CDT Co. Bond		X		6-20-05	X									
	NM General Motors Bond		X		7-15-05	X									
	I Shares TR Rus 2000		X		4-12-05	X									
	Midcap SPDR TR Ser 1		X		4-12-05	X									
	Standards & Poor DEP RCPT		X		4-12-05	X									

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
SP	John Hancock(Formerly Manulife Financial Corp)														
	Greenberg Quinlan Rosner Research Retirement														
	Plan: Funds:														
	JH Pimco Total Return	X			Monthly	X									
	JH Weitz Partner Value	X			Monthly	X									
	JH Franklin Balance Sheet	X			Monthly	X									
	JH Lord Abbett All Value	X			Monthly	X									
	JH Lord Abbett Mid Cap Value	X			Monthly	X									
	JH Scudder RREEF Real Estate	X			Monthly	X									
	JH Excelsior Value & Res	X			Monthly	X									
	JH Jennison Growth	X			Monthly	X									
	JH Templeton Foreign	X			Monthly	X									
	JH AIM Small Cap Growth	X			Monthly	X									
	Small Cap Index Fund	X			Monthly	X									

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Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	American Express	Credit Card		X								
JT	Diners Club	Credit Card		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Name Rosa L. DeLauro Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NONE						

Name Rosa L. DeLauro Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University
Member of Board of Directors	Women's Campaign School - Yale University
Honorary Board Member	Special Olympics - Connecticut
Honorary Board Member	Sisters Journey

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 7:

Greenberg Quinlan Rosner Research Inc. – Ownership value based on an independent business valuation.

Statement II, Schedule III, Page 7:

Greenberg Research, Inc. – Ownership value based on an independent business valuation.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR

FORM A
For use by Members, officers, and employees

Page 1 of

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 MAY -9 PM 2:29
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Lincoln Diaz-Balart
(Full Name)

8525 NW 53 Terrace, Suite 102 Miami, FL 33166
(Mailing Address)

305-470-8555
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representativ State: FL Distric 21 ☐ Officer Or Employee Employing Offic

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Dat

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUE

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VII	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE Q

Trusts	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and		May 4 2006

1169

SCHEDULE I - EARNED INCOME

Name Lincoln Diaz-Balart

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Sourc	Typ	Amoun
Transatlantic Bank, Miami, FL	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

BLOCK A sset and/or Income Sourc Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling *$5,000 or less in personal savings accounts;* any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income		BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D Amount of Incom For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E Transactior Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Fidelity Puritan Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	AG Edwards & Sons	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Citibank Savings	$1,001 - $15,000	INTEREST	$1 - $200	
	New England Life	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Van Kampen Corporation Bond Fund Class A	None	DIVIDENDS Capitol Gains	NONE	E
SP	Van Kampen Comstock Fund	None	Capital Gains	$1 - $200	E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

SP	Van Kampen Mid Cap Growth Fund Class A	None	Capital Gains	$201 - $1,000	E
SP	Morgan Stanley Liquid Asset Fund	$15,001 - $50,000	INTEREST	$1 - $200	E

SCHEDULE IV – TRANSACTIONS

Name Lincoln Diaz-Balart

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or

SP, DC, JT	Asse	Type of Transactio	Dat	Amount of Transact
SP	Van Kampen Corporation Bond Fund Class A	E	11-14-05	$1,001 - $15,000
SP	Van Kampen Comstock Fund	E	11-14-05	$1,001 - $15,000
SP	Van Kampen Mid Cap Growth Fund Class A	E	11-14-05	$1,001 - $15,000
SP	Morgan Stanley Liquid Asset Fund	E	11-14-05	$15,001 - $50,000

SCHEDULE V – LIABILITIES

Name Lincoln Diaz-Balart

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC,	Credito	Type of Liabil	Amount of Liabi
JT	Bank of America	Line of Credit	$15,001 – $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lincoln Diaz-Balart

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of	Lodging ? (Y/N)	Food ?	Was a Family Member Included?	Days not at sponsor's
Cubanos Unidos en Puerto Rico	May 16, 2005	Miami, FL -- San Juan, Puerto Rico -- Washington, DC	N	N	N	N/A

SCHEDULE VIII – POSITIONS

Name Lincoln Diaz-Balart

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organiza
Chairman	Congressional Hispanic Leadership Institute

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

4

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

Mario Diaz-Balart
(Full Name)

15724 SW 64 Street
Miami, FL 33193
(Mailing Address)

305 225-6866
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State FL District 25	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than *30 days late.*

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	M. Diaz-Balart	5/8/2006

1177

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hewlett-Packard Company	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
SP	16558 NE 26 Ave #3C, N Miami Beach, FL 33160						X								X										X							

For additional assets and unearned income, use next page.

Name Mario Diaz-Balart | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, De				X						
	Wacovia Bank	Boat Loan		X								
	Bank of America	Line of Credit		X								
SP	New Century, Irvine, Ca	Mortgage on 10558 NE 26 ave #5C, N Miami Beach, Fl 33160				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A For use by Members, officers, and employees

NORMAN D. DICKS
(Full Name)

2467 RAYBURN HOB WASHINGTON, DC 20515
(Mailing Address)

202-225-5916
Daytime Telephone:

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☑ Member of the U.S. House of Representative	State: WA District: 06	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Norman D. Dicks	11 May 06

SCHEDULE I - EARNED INCOME

Name NORMAN D. DICKS

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
US Capitol Historical Society	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Massachusetts Mutual Life Ins, Panorama Premier, Americian Century VP Value, Spring Field, MA IRA	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Lincoln Life Multi Fund, P.O. Box 2340, Fort Wayne, IN 46801, Retirement Annuity This is total of Multi Fund account The break down of the four accounts within the Multi Fund are below	$50,001 - $100,000	DIVIDENDS	NONE	
SP	Lincoln Life-AFIS Growth	$15,001 - $50,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

SP	Lincoln Life-AFIS International	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Lincoln Life - NB Mid Cap	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Lincoln Life - Del Small Cap Value	$15,001 - $50,000	DIVIDENDS	NONE	
	Wright Patman Congressional FCU - P.O. Box 23267, Washington, DC 20026	$15,001 - $50,000	INTEREST	$1 - $200	
SP	Wachovia Bank, N.A. North Capitol and E Washington, DC	$1,001 - $15,000	INTEREST	NONE	

SCHEDULE IV - TRANSACTIONS

Name NORMAN D. DICKS

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA IRA	S	5-20-05	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name NORMAN D. DICKS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute	Jan. 9, 2005-Jan. 14, 2005	DC-Punta Mita, Mexico-DC	Y	Y	Y	N/A
Maritime Trades Department	Feb. 24, 2005-Feb. 25-05	Seattle, WA-Las Vegas, NV-DC	Y	Y	N	N/A
Public Governance Institute	Mar. 7, 2005-Mar. 8, 2005	DC-Wye River Conference Center-DC	Y	Y	N	N/A
Aspen Institute	Mar. 25, 2005-April, 3, 2005	Seattle, WA-China-Seattle, WA	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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John D. Dingell
(Full Name)

2328 Rayburn HOB Washington, DC 20515 — 202-225-4071
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: MI District: 15	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☑ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John D. Dingell	

SCHEDULE I - EARNED INCOME

Name John D. Dingell

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
General Motors Corp	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Adams Express Co Maryland	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
SP	AIM Aggressive Growth Fund Class A	$1,001 - $15,000			
JT	Alliance Bernstein Large-Cap Growth Fd (name change)	None			S
SP	Allianz RCM Innovation Fund (formerly PIMCO Innovation Fund)	None			S
JT	American Intl Group Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Bank of America Corp	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

JT	Bank One	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Brandywine Fund Inc	$15,001 - $50,000			
SP	Cincinnati Bell Inc	$1,001 - $15,000			
JT	CISCO Sys Inc	$1,001 - $15,000			P
	Citibank NA Bank Deposit Program	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Citigroup Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Columbia Acorn Fund Z	$100,001 - $250,000	CAPITAL GAINS/DIVIDENDS	$5,001 - $15,000	
SP	Conagra Foods Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Conoco Phillips	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	CVS Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Davis New York Venture Fund	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
SP	Delphi Corp	None	DIVIDENDS	$1 - $200	S
SP	DirecTV Group Inc	$1,001 - $15,000			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

JT	Dodge and Cox Stock Fund	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	
	EI DuPont DeNemours & Co	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Electronic Data Sys Corp New	None	DIVIDENDS	$1 - $200	S
SP	EMC Corp-Mass	$1,001 - $15,000			
SP	Exelon Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Gabelli Asset Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	General Electric Co	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	General Motors Corp	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
SP	General Motors Corp Stock Options	$500,001 - $1,000,000			
SP	General Motors Pension Fund	N/A as pension is vested			
SP	General Motors Savings-Stock Purchase Program (SSPP)	$500,001 - $1,000,000			
JT	GMAC Commercial Mortgage BK-UT	$50,001 - $100,000			P
	Heartland Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
JT	Income Fund of America	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

SP	Ingersoll Rand Co	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Intel Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Istar Finl Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Johnson & Johnson	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Kent Hospital Fin Auth Mich Bond	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
JT	Legg Mason Value Trust	$50,001 - $100,000			
SP	Marsh & McLennan Cos Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Merck & Co Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Muniyield Mich INSD FD INC	$15,001 - $50,000			
JT	Mutual Beacon	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
JT	Mutual Qualified	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	
JT	Mutual Shares	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Newell Rubbermaid Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	News Corp	None	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

JT	Nicholas Fund, Inc.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Oppenheimer Global Fund	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
SP	Pfizer Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Praxair Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Procter & Gamble Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Putnam Voyager Fd Inc	None			S
SP	Sara Lee Corp	None	DIVIDENDS	$201 - $1,000	S
JT	Smith Barney Appreciation Fund Class A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	S
JT	Smith Barney Municipal Money Market Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Spectra Fund	$1,001 - $15,000			
SP	St Paul Travelers Cos Inc	None	DIVIDENDS	$201 - $1,000	S
JT	The Torray Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
SP	Time Warner Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Tyco International LTD	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	UTS Uncommon Values TR #2004 A ANNL PMT Series	None			S
	UTS Uncommon Values TR #2005 A Anni PMT Series	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	VanKampen Emerging Growth Fund	$1,001 - $15,000			
JT	Wachovia Bank	$100,001 - $250,000	INTEREST	$1 - $200	
JT	Wachovia Securities	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Wal-Mart Stores Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Washington Mutual Inc	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Wells Fargo & Co	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	GMAC Commercial Mortgage BK-UT	P	7/22/05	$50,001 - $100,000
JT	Income Fund of America	P	4/15-18/05	$15,001 - $50,000
JT	CISCO Sys Inc	P	4/14/05	$1,001 - $15,000
SP	Exelon Corp	P	9/14/05	$1,001 - $15,000
JT	Smith Barney Appreciation Fund CL A	S	10/20/05	$15,001 - $50,000
SP	Delphi Corp	S	3/7/05	$1,001 - $15,000
SP	Electronic Data Sys Corp New	S	9/9/05	$15,001 - $50,000
SP	News Corp	S	9/9/05	$1,001 - $15,000
SP	St Paul Travelers Cos Inc	P	9/15/05	$15,001 - $50,000
SP	Sara Lee Corp	S	9/9/05	$1,001 - $15,000
	Adams Express Co Maryland	P	11/22/05	$1,001 - $15,000
	UTS Uncommon Values TR #2005 A Annl PMT Series	P	7/22/05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	UTS Uncommon Values TR #2004 A Annl PMT Series	S	7/22/05	$15,001 - $50,000
	Putnam Voyager FD	S	4/14/05	$1,001 - $15,000
JT	Alliance Bernstein Large-Cap Growth FD	S	4/14/05	$15,001 - $50,000
SP	Allianz RCM Innovation Fund	S	4/14/05	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John D. Dingell

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Detroit Chamber of Commerce	6/2-4/05	Detroit-Mackinac-Detroit Michigan	Y	Y	Y	None

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 15 AM 10:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Lloyd Doggett
(Full Name)

1157 San Bernard Street Austin, TX 78702
(Mailing Address)

2022254865
Daytime Telephone:

Filer Status: [x] Member of the U.S. House of Representatives — State: TX — District: 25 | [ ] Officer Or Employee — Employing Office:

Report Type: [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x] No [ ]	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? ***If yes, complete and attach Schedule II.***	Yes [ ] No [x]	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x] No [ ]	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes	No [x]
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes	No [x]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lloyd Doggett	5/15/06

SCHEDULE I - EARNED INCOME

Name Lloyd Doggett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Texas ERS	Annuity	$52,573
The Education Trust, Inc.	Spouse Salary	N/A
Georgetown University	Spouse Salary	N/A
Institute for Educational Leadership	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
1200 Baylor #401, Austin TX	$250,001 - $500,000	None	NONE	
21.12 Acres, Northern Dona Ana City, NM (1/24 interest)	$1,001 - $15,000	Rent	$1 - $200	
220 N. Mesa, El Paso, TX (1/12 insterset)	$15,001 - $50,000	Rent	$1,001 - $2,500	
3800 Kennelwood Austin, TX	$250,001 - $500,000	None	NONE	
6734 Spicewood Springs, Travis Co. TX	$1,000,001 - $5,000,000	Rent	$50,001 - $100,000	
711 N. Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$201 - $1,000	

1200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

8.16 acres Lohman's Ford Crossing Road., Travis Co., TX	$15,001 - $50,000	None	NONE	
AIM Basic Balanced Fund (formerly Total Return Fund)	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
AIM Small Company Growth (formerly Invesco Small Co. Growth)	$100,001 - $250,000	Dividends	NONE	
Alltel Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
American Century 20th Ultra Shares	$100,001 - $250,000	None	$1 - $200	
Anadarko Petroleum	$1,001 - $15,000	Dividends	$1 - $200	
Apache Corp	$50,001 - $100,000	Dividends	$201 - $1,000	
Applied Materials Inc	$15,001 - $50,000	Dividends	$1 - $200	
AT&T Corp Com (includes holdings in former SBC Comm)	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Bank of America Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Baxter International	$1,001 - $15,000	Dividends	$1 - $200	
Blockbuster	$1,001 - $15,000	Dividends	$1 - $200	
Bristol-Myers Squibb Co	$1,001 - $15,000	Dividends	$201 - $1,000	
Burlington Northern Santa Fe Common	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Charles Schwab Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Checkpoint Software	$15,001 - $50,000	None	NONE	
Chevron Texaco Corp Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Cincinnati Bell	$1,001 - $15,000	None	NONE	
Cisco Systems Inc	$1,001 - $15,000	None	NONE	
Citigroup Inc	$15,001 - $50,000	Dividends	$1,001 - $2,500	
Coca-Cola Company	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Comcast	$1,001 - $15,000	None	NONE	
Computer Sciences Corp	$15,001 - $50,000	None	NONE	
Congressional Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	
Credit Suisse Cap Apprec Fund	$100,001 - $250,000	None	$1 - $200	
Dell Computer Corp	$1,001 - $15,000	None	NONE	
Domino	$1,001 - $15,000	None	NONE	Inheritance from Estate of Bates Belk
Doubleclick Inc Com	None	None	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Edwards A.G. Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	
	Energy East	$15,001 - $50,000	Dividends	$201 - $1,000	
	Estate of Bates Belk	None	Dividends/ Interest	$1 - $200	
	Exxon Mobil Corp Com	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	First Data Corp Common	$15,001 - $50,000	Dividends	$1 - $200	
	First Energy	$15,001 - $50,000	Dividends	$201 - $1,000	
	Franklin Mutual Shares Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	General Electric Co Com	$15,001 - $50,000	Dividends	$201 - $1,000	
	Guidant Corp Com	$15,001 - $50,000	Dividends	$1 - $200	
	Home Depot Inc Com	$50,001 - $100,000	Dividends	$201 - $1,000	
	Honeywell International	$15,001 - $50,000	Dividends	$201 - $1,000	
	INSD MUN INCM TR SR 86 Semi-Annual	$1,001 - $15,000	Interest	$1 - $200	
	Intel Corp Com	$15,001 - $50,000	Dividends	$201 - $1,000	
	International Business Machines	$100,001 - $250,000	Dividends	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

International Paper Co.	$1,001 - $15,000	Dividends	$201 - $1,000	
J P Morgan Chase & Co Com	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Janus Fund	$15,001 - $50,000	None	$1 - $200	
Janus Mid Cap Value Fund	$50,001 - $100,000	Dividends	$5,001 - $15,000	P
Janus Twenty Fund	$15,001 - $50,000	Dividends	$1 - $200	
JDS Uniphase Corp	$1,001 - $15,000	None	NONE	
Jensen Portfolio Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
Johnson & Johnson	$50,001 - $100,000	Dividends	$201 - $1,000	
Lewisville TX Indep School District Due 8/15/07	$15,001 - $50,000	None	NONE	
Lucent Technologies Inc Com	$1,001 - $15,000	None	NONE	
Luminex Corp Com New	$15,001 - $50,000	None	NONE	
MBNA Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Medco Health Solutions	None	None	NONE	S
Merck & Co Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royality	$201 - $1,000	
	Newfield Expl. Co.	$1,001 - $15,000	None	NONE	
	Nokia Corp Sponsored ADR	$15,001 - $50,000	Dividends	$201 - $1,000	
	Nuveen Inter Duration Muni Bond Fund	$15,001 - $50,000	Dividends	$201 - $1,000	Inheritance from Estate of Bates Belk
	Nuveen Large Cap Value Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	Inheritance from Estate of Bates Belk and P
	Nuveen Muni Adv Fund	$15,001 - $50,000	Dividends	$201 - $1,000	P
	Oakmark International Fund	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
	Oppenheimer Multi Sector Income Tr	$1,001 - $15,000	Dividends	$201 - $1,000	
	Oracle Corp Com	$15,001 - $50,000	None	NONE	
	Pfizer Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
	Phoenix Focused Value (formerly Janus Value)	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
	PPG Industries Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	Price Science and Technology	$250,001 - $500,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Proctor & Gamble Co	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
	Prosperity Bank	$15,001 - $50,000	Interest	$201 - $1,000	
	Schwab Muni Money Fund	$50,001 - $100,000	Dividends	$5,001 - $15,000	S
	Selected American Shares	$100,001 - $250,000	Dividends	$201 - $1,000	
	Sprint FON	$50,001 - $100,000	Dividends	$201 - $1,000	
	Supertex Inc	$15,001 - $50,000	None	NONE	
	Texas Instruments Inc	$15,001 - $50,000	Dividends	$1 - $200	
	TIAA-CREF Retirement	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
	Time Warner Inc Com	$15,001 - $50,000	None	$1 - $200	
	Union Pacific Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	Vanguard Convertible Securities	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P
	Vanguard Growth Index Fund Admiral	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
	Vanguard Int. Term Tax-Exempt Fund Admiral	$50,001 - $100,000	Dividends	$5,001 - $15,000	P
	Vanguard Long-Term Corp Admiral	$250,001 - $500,000	Dividends	$15,001 - $50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Vanguard Ltd. Term Tax-Exempt Fund Admiral	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
Vanguard PRIMECAP Fund Admiral	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P
Vanguard Selected Value Fund	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
Vanguard Small-Cap Index Fund Inv	$50,001 - $100,000	Dividends	$201 - $1,000	
Vanguard Tax Exempt MM	$15,001 - $50,000	Dividends	$201 - $1,000	S
Vanguard Total Stock Market	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Vanguard U.S. Growth Fund Admiral	$500,001 - $1,000,000	Dividends	$2,501 - $5,000	P
Vanguard Wellesley Income fund	$1,001 - $15,000	Dividends	$1 - $200	P
Vanguard Windsor II Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Verizon Communications Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Viacom Inc Class B	$1,001 - $15,000	Dividends	$1 - $200	
Waste Management Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
Weitz Value	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Whole Foods Mkt Inc	$1,000,001 - $5,000,000	Dividends	$5,001 - $15,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Williams Cos Inc Com	$1,001 - $15,000	Dividends	$1 - $200	
	Xerox Corporation	$1,001 - $15,000	Dividends	NONE	

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Exxon Mobil	P	Periodic Reinvestment	$1,001 - $15,000
	Frankling Mutual Shares Fund	P	Periodic Reinvestment	$1,001 - $15,000
	JP Morgan Chase	P	Periodic Reinvestment	$1,001 - $15,000
	PPG Industries	P	Periodic Reinvestment	$1,001 - $15,000
	Procter & Gamble	P	Periodic Reinvestment	$1,001 - $15,000
	Phoenix Focused	P	Periodic Reinvestment	$15,001 - $50,000
	Oaskmark International Fund	P	Periodic Reinvesment	$1,001 - $15,000
	Weitz Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Weitz Value Fund	P	5-9-05	$15,001 - $50,000
	Vanguard Convertible Securities	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Growth Index Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard U.S. Growth Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Int. Term Tax - Exempt Fund	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Ltd. Term Tax-Exempt Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard PRIMECAP Fund Admiral	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Selected Value Fund	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Selected Value Fund	P	5-16-05	$15,001 - $50,000
	Vanguard Total Stock Market Ind Inv	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Tax Exempt Money Market	S	5-16-05	$15,001 - $50,000
	Vanguard Wellesley Income Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Windsor II	P	Periodic Reinvestment	$1,001 - $15,000
	TIAA-CREF Retirement	P	Monthly	$1,001 - $15,000
	Nuveen Muni Adc Fund	P	Divident Reinvestment	$1,001 - $15,000
	Chevrom Texaco Corp Com	P	Dividend Reinvestment	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Coca-Cola Company	P	Dividend Reinvestment	$1,001 - $15,000
	International Business Machines	P	Dividend Reinvestment	$1,001 - $15,000
	Merck & Co Inc	P	Dividend Reinvestment	$1,001 - $15,000
	Nuveen Large Cap Value	P	Dividend Reinvestment	$1,001 - $15,000
	Whole Food Mkt Inc	P	Dividend Reinvestment	$1,001 - $15,000
	Doubleclick	S	2-14-05	$1,001 - $15,000
	AT&T	P	Periodic Reinvestment	$1,001 - $15,000
	AIM Basic Balanced Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Janus Midcap Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Verizon Communications Com	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Tax Exempt MM	S	5-16-05	$15,001 - $50,000
	Schwab Muni Money Fund	S	5-15-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Schwab Muni Money Fund	S	7-26-05	$15,001 - $50,000
	Schwab Muni Money Fund	S	8-12-05	$15,001 - $50,000
	Schwab Muni Money Fund	S	10-17-05	$15,001 - $50,000
	Schwab Muni Money Fund	S	11-22-05	$15,001 - $50,000
	Medco Health Solutions	S	10-4-05	$1,001 - $15,000
	Nuveen Large Cap Value Fund	P	Periodic Reinvestment	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Lloyd Doggett

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Liberty Bank, Austin	Letter of Credit on 6734 Spicewood Springs	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lloyd Doggett

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
International Management & Development Institute	Feb 17 - 23	U.S. - France - U.S.	Y	Y	Y	3 Days
The Congressional Program of the Aspen Institute	March 24 - April 4	U.S. - China - U.S.	Y	Y	Y	2 Days
The Congressional Program of the Aspen Institute	May 27 - June 7	U.S. - Turkey - U.S.	Y	Y	Y	5 Days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A

For use by Members, officers, and employees

John T. Doolittle
(Full Name)

2410 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-2511
Daytime Telephone:

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representatives State: CA District: 04 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John T. Doolittle	5/13/2006

1215

SCHEDULE I - EARNED INCOME

Name John T. Doolittle

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Sierra Dominion Financial Services, Inc	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John T. Doolittle

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Applied Materials Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
California Legislative Retirement System	$50,001 - $100,000	None	NONE	
Cisco Systems Stock	$1,001 - $15,000	None	NONE	
Intel Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Inter-Tel Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Kohls Stock	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John T. Doolittle

Krispy Kreme Stock	$1,001 - $15,000	None	NONE	
Microsoft Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Nordstrom Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Novamed Stock	$1,001 - $15,000	None	NONE	
Pepsi Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Research in Motion Stock	$1,001 - $15,000	None	NONE	
Schwab Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200	
Sirius Satellite Radio	$1,001 - $15,000	None	NONE	P
Time Warner Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name John T. Doolittle

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Sirius Satellite Radio	P	07-13-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name John T. Doolittle

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	First USA Bank	Visa Credit Account	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John T. Doolittle

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Feb. 3-5	Washington, D.C.--Baltimore, MD--Washington, D.C.	Y	Y	N	N/A
Korea-United States Exchange Council	Feb. 19-23	Washington, D.C.--Seoul, South Korea--Kuala Lumpur	Y	Y	Y	N/A
United States Malaysia Exchange Association	Feb. 23-28	Kuala Lumpur--Langkawi--Washington, D.C.	Y	Y	Y	N/A
Pepperdine University and The Heritage Foundation	Aug 14-17	Sacramento, CA--Los Angeles, CA--Washington, D.C.	Y	Y	Y	N/A
American Israel Education Foundation	Aug 21-28	Washington, D.C.--Israel--Washington, D.C.	Y	Y	Y	N/A
The Congressional Institute	Nov. 30-Dec. 1	Washington, D.C.--St. Michaels, MD--Washington, D.C.	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name John T. Doolittle

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T Investments

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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Michael F. Doyle, Jr.
(Full Name)

205 Hawthorne Street
(Mailing Address)

202-225-2135
Daytime Telephone

Pittsburgh, PA 15221

Filer Status	[X] Member of the U.S. House of Representatives — State: PA District: 14	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/11/06

1223

SCHEDULE I - EARNED INCOME

Name Michael F. Doyle, Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Eastgate Insurance Agency	Renewal Commission	$10,233.68
Doyle for Congress Committee	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael F. Doyle, Jr.

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Monongahela Company (25% Owner)			NONE	Disolved
1916 Monongahela Avenue	$50,001 - $100,000	RENT	$1,001 - $2,500	
Eastgate Insurance Agency (45% Owner)	$50,001 - $100,000		NONE	
SERS-Commonwealth of Pennsylvania	$100,001 - $250,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Michael F. Doyle, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	1916 Monongahela Avenue	P	11-30-05	$50,001 - $100,000

SCHEDULE V - LIABILITIES

Name Michael F. Doyle, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Allegheny Valley Bank of Pittsburgh	Mortgage on 1916 Monongahela Avenue	$50,001 - $100,000
	Sallie Mae	Parent Plus College Loans	$15,001 - $50,000
	P.S.E.C.V. Visa	Revolving Charge	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael F. Doyle, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
International Foundation	March 30-April 2	Pittsburgh, PA--Tortola, BVI--Pittsburgh, PA	N	N	N	2 Days

SCHEDULE VIII - POSITIONS

Name Michael F. Doyle, Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary/Treasurer	Eastgate Insurance Agency

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Thelma D. Drake
(Full Name)

2306 Bay Oaks Pl. Norfolk, VA 23518
(Mailing Address)

202-225-4215 757-497-6859
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: VA District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? ***If yes, complete and attach Schedule VI.***	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. *Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?*	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thelma D. Drake	5/8/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	*Approved Teaching Fee*	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hampton Roads Home Team	Spouse Salary	4,800
	Virginia Retirement System	Retirement	1,509

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thelma D. Drake

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to *select the specific investments*), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset *at close of reporting year.*

If you use a valuation method other than fair market value, *please specify the method used.*

If an asset was sold and is included only because it generated *income, the value should be "None."*

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples:	SP Mega Corp. Stock					X								X										X								P
DC		Simon S. Schuster		Indefinite																	Royalties								X				
JT		1st Bank of Paducah, KY accounts						X									X									X							
JT		3014-3018 E. Ocean View Av.								X						X												X					
JT		403 Westmont Av.						X								X										X							
JT		414 Fresh Meadow						X								X										X							
JT		9549 7th Bay St						X								X										X							
JT		9527-9531 11th Bay St.								X						X												X					
JT		3004 E. Ocean View Av.							X							X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thelma D. Drake

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	2143 E. Ocean View Av.						X								X											X						
SP	9625 2nd Bay St.						X														X											
JT	ES 4th Bay St					X															X											
JT	WS 7th Bay St.						X														X											
JT	9635 - 9639 15th Bay							X							X											X						
SP	8428 Tidewater Dr.						X								X									X								P
SP	1204 Warwick Av.						X														X											P
SP	Edward D Jones Hampton Roads Bankshares			X										X								X										
	mass mutual Quest Principal Acct			X										X								X										
	mass mutual mml managed Bond				X									X										X								
	mass mutual mml Equity			X										X								X										
	mass mutual DFA Aggressive Growth			X										X								X										
	mass mutual mml managed Bond			X										X								X										
SP	Edward D. Jones Euro Pacific Growth			X										X								X										
SP	Edward D. Jones Fundamental Investors			X										X								X										
SP	Edward D. Jones Growth Fund of America			X										X								X										
SP	Edward D Jones NEW Economy Fund			X										X								X										
SP	Edward D. Jones Home DEPOT			X										X								X										
SP	Edward D. Jones NEW Economy			X										X								X										
SP	Edward D. Jones Putnam Voyager Fund			X										X								X										
SP	Edward D. Jones Time Warner			X										X								X										
	Edward D Jones Home DEPOT		X											X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thelma D. Drake

Page 5 of 9

SP, DC, JT	BLOCK A: Asset and/or Income Source	BLOCK B: Year-End Value of Asset	BLOCK C: Type of Income	BLOCK D: Amount of Income	BLOCK E: Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	Mass Mutual OPP Global Sec.	C	DIVIDENDS	II	
	Edward D. Jones Oracle Co.	B	DIVIDENDS	II	
JT	Dominion Power	C	DIVIDENDS	III	
SP	Sun Trust	C	DIVIDENDS	II	
SP	Bank of Hampton Roads	D	DIVIDENDS	IV	
SP	Progress Energy	C	DIVIDENDS	III	
SP	Hampton Roads Home Team	D	DIVIDENDS; INTEREST	III; VII	
JT	Sun Trust (checking)	C	DIVIDENDS; INTEREST	II	
JT	Sun Trust (money market)	C	INTEREST	II	
JT	Wachovia (money market)	C	INTEREST	II	
JT	Bank of Hampton Roads	C	INTEREST	II	
	Virginia Retirement System	D	DIVIDENDS	V	

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SCHEDULE IV — TRANSACTIONS

Name Thelma D. Drake

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
SP	8428 Tidewater Dr.	X			3/14/05				X						
SP	1204 Warwick Av.	X			7/1/05				X						

This page may be copied if more space is required.

Name Thelma Drake | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Country wide Home Loans 3014-3018 E.O.V, Westmont, Fresh Meadow, 11th Bay	Mortgage 414 Fresh Meadow		X								
JT	Wachovia Bank 15th Bay 3004 E.O.V.	Lines of Credit						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	American Israel Educ. Found.	Aug 21-28	Wash D.C - ISRAEL - Norf, VA (6) Norfolk, VA - ISRAEL - Norf, VA	Y	Y	Y	None
	American Shipbuilding Assoc	Nov 28-30	NEWPORT NEWS - NAPLES - NEWPORT	Y	Y	Y	none

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice Pres	Ocean View Enterprises
Director	Ocean View Neighborhood Development Corp
Vice Pres	Hampton Roads Home Team

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2006 25-828 (mec)

Use additional sheets if more space is required.

THELMA D. DRAKE
2ND DISTRICT, VIRGINIA

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON PROCUREMENT FORCES
SUBCOMMITTEE ON MILITARY PERSONNEL

COMMITTEE ON RESOURCES
SUBCOMMITTEE ON FISHERIES AND OCEANS
SUBCOMMITTEE ON ENERGY AND MINERAL RESOURCES

COMMITTEE ON EDUCATION AND THE WORKFORCE
SUBCOMMITTEE ON 21ST CENTURY COMPETITIVENESS
SUBCOMMITTEE ON WORKFORCE PROTECTIONS

HOUSE REPUBLICAN POLICY COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515–4602

WASHINGTON OFFICE:
1208 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–4215

DISTRICT OFFICES:
4772 EUCLID ROAD
SUITE E
VIRGINIA BEACH, VA 23462
(757) 437–8959

23386 FRONT STREET
ACCOMAC, VA 23301
(757) 787–7836

www.drake.house.gov

✓
MC

May 23, 2006

The Honorable Karen L. Haas,

Please be advised that I would like to amend my September 2004, and May 2005, Financial Disclosure Statements.

In regard to the Candidate Financial Disclosure Statement, filed on September 07, 2004, in Section II—Assets and Unearned Income—please add Virginia Retirement System: Value of Asset: 1,001 to 15,000. Dividend Income Current Year: 1,001-2,500. Previous Year: 201-1,000.

In regard to the May 2, 2005 Financial Disclosure Statement in Section III—Assets and Unearned Income –please add Virginia Retirement System. Value of Asset: 1,001 to 15,000. Dividend Income: 1,001 to 2,500.

Should you have any questions or need additional information, please contact me directly.

Sincerely,

Thelma Drake

Thelma Drake
Member of Congress

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Page 1 of 12

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES

David Dreier
(Full Name)

2220 East Route 66 Suite 225 Glendora, CA 90063
(Mailing Address)

626 852-2626
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: CA District: 26	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Dreier	May 10, 2006

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SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name David Dreier

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A *separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct.* An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo North America, Inc.	Reception	May. 19, 2005	$1,500
Maher Live, Inc.	Guest Appearance	Oct. 12, 2005	$800

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Hewlett Packard Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Hewlett Packard (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Int'l Business Mach	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
McMoran Exploration	$1 - $1,000	None	NONE	
Pfizer, Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Surewest Communications	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

ViaCom, Inc.	$500,001 - $1,000,000	DIVIDENDS	$5,001 - $15,000	
Pimco Ca. Municipal Income II	$15,001 - $50,000	DIVIDENDS	NONE	P
Pimco Ca. Municipal Income II	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
Pimco Ca. Mutual III	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Anheuser Busch COS Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Clorox Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
Colgate Palmolive Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
Gaylord Entertainment	$250,001 - $500,000	None	NONE	S
General Electric Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
LM Ericsson Telefon Co Sek 10 New 2002 Adr	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Merck & Co	$15,001 - $50,000	DIVIDENDS	NONE	P
Merck & Co	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
Microsoft Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Time Warner	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Mosaic	$1,001 - $15,000	None	NONE	
	Transocean, Inc.	$15,001 - $50,000	None	NONE	
	Blackrock Enhanced DIVID Achievers Trust	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Eaton Vance Tax Manged Buy Write Opportunities Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Eaton Vance Tax Managed Global Buy Write Opportunities Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Evergreen Income Advantage Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Nicholas Applegate Conv & Income Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Salomon Bros. Emerging Markets Income Fund Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Salomon Bros. Emerging Markets Income Fund II, Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Salomon Bros. Emerging Markets Floating Rate Fund Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Seligman Communications	$15,001 - $50,000	None	NONE	
	Bakerfield Ca. CTFS	$15,001 - $50,000	None	NONE	
	Am Funds Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Amer Funds Washington Mutual F	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

Franklin Templeton Mutual Shares (RMA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
UBS Retirement Money Funds (RMA)	$1 - $1,000	DIVIDENDS	$1 - $200	
UBS Bank Dep Acct (RMA)	$1 - $1,000	DIVIDENDS/INTEREST	$1,001 - $2,500	
Tiffany Manor (Apartment Bldg) KC, Mo	$5,000,001 - $25,000,000	RENT/INTEREST	$100,001 - $1,000,000	
OK Publishing Co.	$500,001 - $1,000,000	DIVIDENDS	$2,501 - $5,000	
John Hancock Regional Bank	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
John Hancock Financial Inds Fund CL A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S
Verizon	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$201 - $1,000	
California Infrastructure Variable Rate	$15,001 - $50,000	INTEREST	NONE	P
California Infrastructure Variable Rate	$15,001 - $50,000	INTEREST	$1 - $200	S
Motorola	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
Freescale Semiconductor (Also Known as Motorola)	$1,001 - $15,000	None	NONE	
Vallecitos Wtr	$15,001 - $50,000	INTEREST	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

Vallecitos Wtr	$15,001 - $50,000	INTEREST	$201 - $1,000	S
Novell Inc. (IRA)	$15,001 - $50,000	None	NONE	
Franklin Small Growth Fund Cap (IRA)	$15,001 - $50,000	None	NONE	
UBS AG EAS	$50,001 - $100,000	None	NONE	S
UBS AG EAS 8/31/06	$50,001 - $100,000	None	NONE	P
UBS AG EAS 4/30/07	$50,001 - $100,000	None	NONE	P
Mass Mut. Life	$50,001 - $100,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name David Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Clorox	P	2-02-2005	$15,001 - $50,000
	Colgate Palmolive	P	2-2-2005	$15,001 - $50,000
	Gaylord Entertainment	S	1-25-20005	$50,001 - $100,000
	Merck & Co	P	2-2-2005	$15,001 - $50,000
	Merck & Co	S	4-15-2005	$15,001 - $50,000
	Blackrock Enhanced	P	8-25-2005	$15,001 - $50,000
	Eaton Vance Tax managed Buy Write Opportunities Fund	P	6-27-2005	$15,001 - $50,000
	Eaton Vance Tax Managed Global Buy Write Opportunities Fund	P	9-27-2005	$50,001 - $100,000
	Evergreen Income Advantage Fund	P	2-2-2005	$1,001 - $15,000
	Salomon Bros. Emerging Markets Income Fund Inc.	P	2-2-2005	$1,001 - $15,000
	Salomon Bros Emerging Markets Income Fund II Inc. II	P	2-2-2005	$1,001 - $15,000
	Salomon Bros. Emerging Markets Floating Rate Fund, Inc.	P	2-2-2005	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name David Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	John Hancock Financial Inds Fund Cl A	S	2-2-2005	$50,001 - $100,000
	FY Mutual Shares John Hancock Regional Bank	S	2-2-2005	$1,001 - $15,000
	Verizon	P	8-11-2005	$15,001 - $50,000
	California Infrastructure Variable Rate	P	10-21-2005	$15,001 - $50,000
	California Infrastructure Variable Rate	S	11-2-2005	$15,001 - $50,000
	Motorola	S	8-19-2005	$15,001 - $50,000
	Vallecitos Wtr	P	9-28-2005	$15,001 - $50,000
	Vallecitos Wtr	S	12-21-2005	$15,001 - $50,000
	UBS AG EAS	S	2-28-2005	$50,001 - $100,000
	UBS AG EAS 8/31/06	P	2-22-2005	$50,001 - $100,000
	UBS AG EAS 4/30/07	P	10-31-2005	$50,001 - $100,000
	Pimco Ca. Municipal Income II	P	9-27-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name David Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Pimco Ca. Municipal Income II	S	10-25-05	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name David Dreier

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Agricultural Business Council of Kansas City	Sep. 16-19, 2005	Wash., D.C. --Kansas City -- Wash., D.C.	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name David Dreier

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary (Uncompensated)	The Dreier Family Foundation
Board of Trustees (Uncompensated)	Claremont McKenna College
Board of Visitors (Uncompensated)	Claremont Graduate University Schhol of Politics and Economics
Board of Advisors Member (Uncompensated)	Los Angeles Mission
Member (Uncompensated)	Advisory Council, Center for Strategic & International Studies
Member (Uncompensated)	Council on Foreign Relations
Trustee (Uncompensated)	H. Edward Dreier, Jr. Trust

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 11 PM 5:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

John J. Duncan, Jr.
(Full Name)

12103 Butternut Circle
(Mailing Address)

202-225-5435
Daytime Telephone

Knoxville, TN 37922

Filer Status	[X] Member of the U.S. House of Representatives	State: TN District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed *against anyone* who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (*i.e., aggregating more* than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the *appropriate* schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not *be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?*	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the *Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person* upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form *and all attached schedules are true, complete and* correct to the best of my knowledge and belief.	John J. Duncan Jr.	5/11/06

Name John J. Duncan, Jr. Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee- Board of Probation and Parole	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name John J. Duncan, Jr. Page 1 of 1

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: John J. Duncan, Jr.

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in *"unearned" income during the year. For rental* property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, *and the income earned for the account. For an* IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's *child, parent, or sibling; any deposits totaling* $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an *asset or income source* is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not *generate any income during* the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Smith-Barney-IRA Fidelity Value Func				X									X								X										
	Smith-Barney-IRA Fidelity Fund Inc.			X										X								X										
	Smith-Barney-IRA BB&T Stock						X							X											X							
	Smith-Barney-IRA Income Fund of America				X									X								X										
DC	Cracker Barrel- Stock			X										X								X										
	State of TN.-Pension Fund			X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name John J. Duncan, Jr.

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Smith-Barney/Citi-MoneyM.				X											X							X									
	Congressional CU-Check			X																	X											
	BB&T Stock						X							X											X							
	Bank North-Stock			X										X								X										
	Toronto Dominion-Stock			X										X								X										E
	Gap Inc. - Stock			X										X								X										
	Home Depot - Stock			X										X								X										
	Citigroup Cap. VIII-Stock				X									X										X								
	General Motors Corp.Stock	X												X									X									S
	Exxon - Stock				X									X									X									
	Southern Company-Stock				X									X										X								
**	Five DC stock assets have been deleted due to child no longer dependant after Yr. 2004.																															

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name John J. Duncan, Jr.

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	Toronto Dominion Bank- Stock			X	3-3-05	X									
	General Motors Corp. - Stock		X		3-17-05		X								

This page may be copied if more space is required.

Name John J. Duncan, Jr.

Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A		

Name John J. Duncan, Jr. Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	American Association of Airport Executives	Jan.8-13	Knoxville,TN-Kona, HI Knoxville,TN	Y	Y	Y	N
	CSX Corporation	May 28-30	Washington D.C-White-Sulphur-WV-Knox. TN	Y	Y	Y	1day
	Burlington Northern Sante Fe Railway	June 10-12	Washington D.C-Seattle WA Washington D.C.	Y	Y	Y	N

Name John J. Duncan, Jr. Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2008 25-628 (mec)

Use additional sheets if more space is required.

JOHN J. DUNCAN, JR.
2ND DISTRICT, TENNESSEE

2267 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4202
PHONE: (202) 225–5435
FAX: (202) 225–6440

800 MARKET STREET, SUITE 110
KNOXVILLE, TN 37902
PHONE: (865) 523–3772
FAX: (865) 544–0728

262 EAST BROADWAY
MARYVILLE, TN 37804–5782
PHONE: (865) 984–5484
FAX: (865) 984–0521

6 EAST MADISON AVENUE COURTHOUSE
ATHENS, TN 37303–4297
PHONE: (423) 745–4871
FAX: (423) 745–6025

Congress of the United States
House of Representatives
Washington, DC 20515–4202

COMMITTEES
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
WATER RESOURCES AND ENVIRONMENT – CHAIRMAN
AVIATION
HIGHWAYS, TRANSIT, AND PIPELINES

RESOURCES
SUBCOMMITTEES:
NATIONAL PARKS, RECREATION, AND PUBLIC LANDS
FORESTS AND FOREST HEALTH

GOVERNMENT REFORM
SUBCOMMITTEES:
NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS
GOVERNMENT MANAGEMENT, FINANCE, AND ACCOUNTABILITY

May 10, 2006

Mr. Jeff Trandahl
Clerk of the House
House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515

Dear Mr. Trandahl

I wish to clarify the "excepted trusts" noted on my 2005 Financial Disclosure Statement. The trust noted on my report consists of the Lois S. Duncan Grandchildren's Trust Fund. The trustee is Attorney James H. London, with his office being located at 1716 Clinch Avenue, Knoxville, TN 37916.

The beneficiaries of the trust include one of my children that was a dependent in 2005. This is not an income trust and no funds will be disbursed until the beneficiaries reach their 30th birthday. The value of the trust at the end of 2005 was approximately $26,000 per child. This information was provided by Mr. William Slayden, the accountant for the trust.

With kindest regards, I am

Yours truly,

JOHN J. DUNCAN, JR.
Member of Congress

LEGISLATIVE RESOURCE CENTER

2006 MAY 15 PM 1:10

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

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1262

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

Thomas Chet Edwards
(Full Name)

2264 Rayburn House Office Building Washington, DC 20515 — (202) 225-6205
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: TX District 17	☐ Officer Or Employee — Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $306 and not otherwise *exempt*)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $306 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of *more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?* **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the *current calendar year?* **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	*Did you, your spouse, or a dependent child have any reportable liability* (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chet Edwards	May 15, 2006

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Chet Edwards

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Vanguard 500 Index Fund	$20,663.08	DIVIDENDS	$352.14	
JT	Wright Patman Federal Credit Union Money Market	$1,916.37	NONE	NONE	
JT	Central National Bank Freedom Account	$1,590.04	INTEREST	$7.28	
JT	Central National Bank	$2,544.05	INTEREST	$8.29	
JT	Congressional Federal Credit Union	$7,569.31	NONE	NONE	
JT	Congressional Federal Credit Union	$7,267.85	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Chet Edwards

JT	SunTrust	$13,028.11	NONE	NONE	
	Vanguard 500 Index Fund Roth IRA	$6,301.18	DIVIDENDS	$107.48	
	Employees Retirement System of Texas	$1,001 - $15,000	None	NONE	
SP	Vanguard 500 Index Fund Roth IRA	$4,204	DIVIDENDS	$71.74	
SP	Vanguard 500 Index Fund IRA	$26,487.34	DIVIDENDS	$439.40	
SP	Regions Financial Corporation	$856	DIVIDENDS	$32.64	
SP	Nationwide Financial Services	$10,000	DIVIDENDS	$21.07	
SP	Hartford Life and Annuity Insurance Company	$28,814.83	NONE	NONE	
DC	Vanguard 500 Index Fund Education Savings	$921.08	DIVIDENDS	$15.80	
DC	Vanguard 500 Index Fund	$7,262.83	DIVIDENDS	$123.88	
DC	Vanguard 500 Index Fund Education Savings	$921.08	DIVIDENDS	$15.80	
DC	Vanguard 500 Index Fund	$7,262.83	DIVIDENDS	$123.88	
DC	SunTrust	$2,035.68	INTEREST	$2.81	
DC	SunTrust	$2,349.58	INTEREST	$5.04	

SCHEDULE IV - TRANSACTIONS

Name Thomas Chet Edwards

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Hartford Life and Annuity Insurance Company	P	1-3-05	$20,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Page 1 of 2

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2006 MAY 10 AM 11:22
OFFICE OF THE CLERK
HC

Vernon J. Ehlers
(Full Name)

1848 Morningside Drive SE Grand Rapids, MI 49506
(Mailing Address)

202-225-3831
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: MI District: 3	☐ Officer Or Employee	Employing Office: U.S. HOUSE OF REPRESENTATIVES
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Late filing fees shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions-	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Vernon J. Ehlers	5/9/06

SCHEDULE I - EARNED INCOME

Name Vernon J. Ehlers

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Michigan	Pension	$34,389
State of California	Pension	$3,858
Kent County, Michigan	Pension	$1,969

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Vernon J. Ehlers

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
"Growing U" Grand Rapids, MI	Speech	May 8, 2005	$100

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Lake Michigan Credit Union IRA	$1,001 - $15,000	DIVIDENDS	N/A	N/A
	Lake Michigan Credit Union	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	N/A
	Northern Trust Bank	$100,001 - $250,000	INTEREST	$1,001 - $2,500	N/A
	Bank One	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	IRA Marsico Growth Fund	$1,001 - $15,000	combination	N/A	N/A
	IRA Vanguard 500 Index Fund	$15,001 - $50,000	combination	N/A	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	IRA Fidelity Cash Reserves	$1,001 - $15,000	combination	N/A	N/A
	IRA Exccelsior Value and Restructuring Fund	$15,001 - $50,000	combination	N/A	N/A
	IRA First Eagle Fund of America	$15,001 - $50,000	combination	N/A	N/A
	IRA Wasatch Growth Fund	$15,001 - $50,000	combination	N/A	N/A
	IRA Fidelity Advisor Diversified International Fund	$15,001 - $50,000	combination	N/A	N/A
	IRA Morgan Stanley Core Plus Fund	$15,001 - $50,000	combination	N/A	N/A
	IRA Vanguard Short Term Corporate Bond Fund	$50,001 - $100,000	combination	N/A	N/A
	IRA Vanguard Long Term Corporate Bond Fund	$15,001 - $50,000	combination	N/A	N/A
	TIAA CREF Retirement Account TIAA Traditional Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF Retirement Account CREF Stock Fund	$100,001 - $250,000	combination	N/A	N/A
	TIAA CREF Retirement Fund CREF Real Estate Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF Retirement Fund CREF Bond Market Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF Retirement Fund CREF Inflation Linked Bond Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF SRA Retirement Fund TIAA Traditional Fund	$1,001 - $15,000	combination	N/A	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	TIAA CREF SRA Retiement Fund CREF Stock Fund	$1,001 - $15,000	combination	N/A	N/A

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Vernon J. Ehlers

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Electronic Industries Alliance	Oct. 7-10	Washington D.C. To Charleston S.C. To Grand Rapids, Mi	Y	Y	Y	N/A
McAullife Center for Education	Oct. 16-17	Grand Rapids, MI to Sturbridge MA to Washington D.C.	Y	Y	N	N/A

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1273

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

Rahm I Emanuel
(Full Name)

4228 North Hermitage Avenue Chicago, IL 60613 — 773-267-5926
(Mailing Address) — Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: IL, District: 5	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rahm Emanuel	5-15-06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Bear Stearns MMA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Bear Stearns MMA-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Unumprovident Corp Senior Notes--IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
SP	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Health Management Associates--IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Good Hope Limited Partnership (holds commercial real estate located at 7830 W Goodhope Rd., Milwaukee, Wi)	$1,001 - $15,000	RENT	$201 - $1,000	1

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	Advisory Research Small Mid Cap Value Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests in widely diversified small cap equity holdings)	$500,001 - $1,000,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	1
	Advisory Research Large Cap Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago: Invests in widely diversified large cap equity holdings)	$250,001 - $500,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	1
	S & P 500 Index Equally Weighted Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests equal amounts in each of S&P 500 equities)	$250,001 - $500,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	1
	Vision Optical Partners, LLC (CBIZ Accounting & Tax Advisory Svcs, 1 S Wacker Dr, #1800, Chicago, Il; Invests in widely diversified debt and equity holdings)	$1,001 - $15,000	CAPITAL GAINS	NONE	1
	Loan Receivable--Friends of Rahm Emanuel for Congress	$250,001 - $500,000		NONE	
SP	LaSalle Bank	$1,001 - $15,000	INTEREST	NONE	
JT	LaSalle Bank	$1,001 - $15,000	INTEREST	$1 - $200	
	Qualified Blind Trust	$5,000,001 - $25,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$100,001 - $1,000,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	LaSalle Bank Trustee, Managed IRA (Not self directed)	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/RENT/CAPITAL GAINS	$15,001 - $50,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	
	Chilton New Era Partners, LP (1266 E Main St., Stanford, Ct; Invests in widely diversified S&P 500 equities)	$250,001 - $500,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$5,001 - $15,000	1
SP	Wal Mart Stores, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Rahm I Emanuel

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Wal Mart Stores, Inc.	P	09-01-05	$1,001 - $15,000
SP	Dollar Tree Stores, Inc.	PS	06-09-05; 09-01-05	$1,001 - $15,000

FOOTNOTES

Name Rahm I Emanuel	Page 6 of 6

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	All items with a "1" reference in block E are held by LaSalle Bank in a non-qualified blind trust.	

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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CLERK OF THE U.S. HOUSE OF REPRESENTATIVES

Jo Ann Emerson
(Full Name)

1637 Thamis Street Cape Girardeau, MO 63701
(Mailing Address)

202-225-4404
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: MO — District: 8 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 *or more from any source in the reporting period?* Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying *you for a speech, appearance, or article in the reporting period?* Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of *more than $200 in the reporting period or hold any reportable asset worth* more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jo Ann Emerson	5/11/06

1279

SCHEDULE I - EARNED INCOME

Name Jo Ann Emerson

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Bartley Goffstein, LLC	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Lucent Technologies, SEP	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Avaya	$1 - $1,000	DIVIDENDS	NONE	
SP	7720 Building Corp. (Law Firm Building) 4399 Laclede St. Louis, MO 63108	$100,001 - $250,000	None	NONE	
SP	Bank of Salem SEP	$50,001 - $100,000	None	NONE	
SP	4 Seasons Racquet Club Condominium Lodge, Raquet and Country Club Osage Beach, MO 65065	$100,001 - $250,000	RENT	$2,501 - $5,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

SP	Bartley Goffstein, LLC (1/6 partner) 4399 Laclede St. Louis, MO 63108	$250,001 - $500,000	Other: Partnership Value	NONE	
SP	Pershing Money Market Fund	$1,001 - $15,000	INTEREST	$1 - $200	
SP	First Commercial Bank of Southeast Missouri (CD)	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Business Bank of St. Louis SEP	$50,001 - $100,000	None	NONE	
SP	ING Russia Fund SEP	$1,001 - $15,000	None	NONE	S
SP	Royal Dutch Petroleum SEP	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
SP	KC Southern Corp. SEP	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
SP	Sirius Communications	$1,001 - $15,000	None	NONE	
SP	Marsh & McClennan	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Dreyfuss Premiere Japan Fund SEP	$1,001 - $15,000	None	NONE	S
SP	Great Plains Energy	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Chile Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
SP	Masisa Fund	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

SP	Fosters Brewery	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Jo Ann Emerson

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Great Plains Energy	P	1-05	$1,001 - $15,000
SP	Chile Fund	P	10-05	$1,001 - $15,000
SP	Masisa Fund	P	10-05	$1,001 - $15,000
SP	Fosters Brewery	P	4-05	$1,001 - $15,000
SP	4 Seasons Racquet Club Condominium Lodge, Raquet and Country Club Osage Beach, MO 65065	S	12-05	$50,001 - $100,000
SP	Dreyfuss Premiere Japan Fund	S	1-05	$1,001 - $15,000
SP	ING Russia Fund SEP	S	6-05	$1,001 - $15,000
SP	Royal Dutch Petroleum SEP	S	6-05	$1,001 - $15,000
SP	KC Southern Corp. SEP	S	6-05	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Jo Ann Emerson

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Bank of Salem	Line of Credit	$50,001 - $100,000
SP	Enterprise Bank, St. Louis, MO	Mortgage on office building (25% share)	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jo Ann Emerson

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
America's Trust, Inc.	April 15-17	Wash., DC--Napa, CA--Wash., DC	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Jo Ann Emerson

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Committee	Aneson Institute for Practical Politics and Public Affairs, Ohio Wesleyan University, Delaware, OH
Chair	Bill Emerson Group Charities, Inc., Alexandria, VA (unpaid)
Honorary & Lifetime Trustee	Westminster College, Fulton, MO
Co-Chair, Board of Directors	Congressional Hunger Center
Board Member	Bread for the World

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JO ANN EMERSON
MEMBER OF CONGRESS
8TH DISTRICT, MISSOURI

COMMITTEE
APPROPRIATIONS

SUBCOMMITTEES
AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION AND RELATED AGENCIES
ENERGY AND WATER
HOMELAND SECURITY

E-Mail and Web Page
http://www.house.gov/emerson

Congress of the United States
House of Representatives
Washington, DC 20515–2508

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SUITE 2440
RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–4404

THE FEDERAL BUILDING
339 BROADWAY
CAPE GIRARDEAU, MO 63701
(573) 336-0101

612 PINE
ROLLA, MO 65401
(573) 364-2455

22 EAST COLUMBIA
FARMINGTON, MO 63640
(573) 756-9755

June 5, 2006

MC

Office of Clerk of the House
B-106 CHOB
Washington, DC 20515

To Whom It May Concern:

Please note that Block B of Schedule III on my 2005 Financial Disclosure should have read "None" for the following items that were sold last year and had a zero balance.

4 Seasons Racquet Club Condominium
ING Russia Fund SEP
Royal Dutch Petroleum
KC Southern Corp. SEP
Dreyfuss Premiere Japan Fund SEP

If you have any questions, please contact me at 202-225-4404.

Sincerely,

Jo Ann Emerson

JO ANN EMERSON
Member of Congress

JAE/ae

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

Eliot L. Engel
(Full Name)

2161 Rayburn House Office Building Washington, DC 20515 — 202-225-2464
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: NY, District: 17	☐ Officer Or Employee	Employing Office:
Report Type	(☑) Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eliot L. Engel	5-11-06

1289

SCHEDULE I - EARNED INCOME

Name Eliot L. Engel

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Issue Dynamic Inc	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eliot L. Engel

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Congressional Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
	Israeli Bonds	$1,001 - $15,000	Interest	$1 - $200	
	US Bonds	$1,001 - $15,000	Interest	$201 - $1,000	
	State of New York	$1,001 - $15,000	Other: Retirement Pension	NONE	

SCHEDULE V - LIABILITIES

Name Eliot L. Engel

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	credit card	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eliot L. Engel

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
National Albanian American Council	July 1-10	DC-Albania-Montenegro-Kosova-New York	Y	Y	Y	n/a
National Association of Broadcasters	April 16-29	DC-Las Vegas-DC	Y	Y	Y	n/a
Museum of the History of Polish Jews	March 21-24	DC-Krakow-Warsaw-DC	Y	Y	N	n/a
Association of American Railroads	February 18-22	DC-Florida-DC	Y	Y	Y	2 days

ELIOT L. ENGEL
17TH DISTRICT, NEW YORK

COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEES:
ENERGY AND AIR QUALITY
TELECOMMUNICATIONS AND THE INTERNET

COMMITTEE ON
INTERNATIONAL RELATIONS
SUBCOMMITTEES:
EUROPE AND EMERGING THREATS
MIDDLE EAST AND CENTRAL ASIA

VICE CHAIRMAN, DEMOCRATIC
TASK FORCE ON HOMELAND SECURITY

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515–3217

2161 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3217
(202) 225–2464

DISTRICT OFFICES:
3555 JOHNSON AVENUE
BRONX, NY 10463
(718) 796–9700

8 GRAMATAN AVENUE
SUITE 205
MOUNT VERNON, NY 10550
(914) 699–4100

961 WEST NYACK ROAD
WEST NYACK, NY 10994
(845) 735–1000

Website: www.house.gov/engel

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

June 8, 2006

The Honorable Karen L. Haas
Office of the Clerk
H-154 The Capitol
Washington DC 20515-6601

Dear Ms. Haas:

I write to correct a typographical error in my 2005 Annual Financial Disclosure Report submitted to your office on May 15, 2006. On Schedule 7, the dates of travel for my trip to Las Vegas with the National Association of Broadcasters should have been listed as April 16-19, 2005 rather than April 16-29, 2005.

Thank you for your attention to this matter. I appreciate your assistance. Please call me if you have any questions regarding this matter.

Sincerely,

Eliot L. Engel

Eliot L. Engel
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

9

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U.S. HOUSE OF REPRESENTATIVES

Philip S. English
(Full Name)
1410 Longworth H.O.B. Washington, DC 20515
(Mailing Address)
Daytime Telephone (202) 225-5406

Filer Status	☒ Member of the U.S. House of Representatives — State: PA District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☒	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Philip S. English	5/15/06

1295

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	The Association for Manufacturing Technology	Speech	10/14/2005	$1,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Philip S. English

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental *property or land, provide an address. Provide* full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For *additional information, see the* instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples	SP Mega Corp Stock					X								X										X								P
DC		Simon & Schuster		Indefinite																	Royalties									X			
JT		1st Bank of Paducah, KY accounts						X									X									X							
JT		Merrill Lynch Cash Money Fund			X										X									X									
JT		Merrill Lynch Money Market Fund		X											X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Merrill Lynch Cash Money Fund				X									X									X									
JT	Merrill Lynch Cash Acct.		X											X							X											
SP	Merrill Lynch IRA																															
*	Bank Deposit			X										X								*	(N/A - IRA)									
*	Certificate of Deposit			X												X							(N/A - IRA)									
*	M.L. DIJA MITTS	X												X									(N/A - IRA)									S
*	General Electric Stock	X												X									(N/A - IRA)									S
*	Merrill Lynch Global Fund				X									X			X						(N/A - IRA)									P
*	American Funds Capital Income Builder				X									X			X						(N/A - IRA)									
*	ING Principal Protection Fund			X										X			X						(N/A - IRA)									
*	M.L. Basic Value Fund			X										X			X						(N/A - IRA)									
*	M.L. Fundamental Growth			X										X			X						N/A - IRA)									
*	All nine of these entries are within the spousal IRA																															

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SCHEDULE III ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Phil English Blind Trust																														
	The Philadelphia Trust Co, trustee						X							X		X	X		X					X							
JT	Merrill Lynch AIM Small Cap Growth Fund	X												X			X					X									S
JT	Merrill Lynch Adv. Diversified Intl. Fund	X												X								X									S
JT	First Eagle Overseas Fund	X															X					X									S
JT	Lord Abbott Affiliated Fund	X												X			X					X									S
JT	Nations Marsico Fund	X												X								X									S
JT	Phoenix Engeman Growth Fund	X												X								X									S
JT	The Oakmark Fund	X												X								X									

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Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Royce Penn Mutual Fund	X												X								X										S
JT	American Century Tax Free Fund	X												X								X										S
JT	Merrill Lynch Penn Mutual Bond Fund	X												X								X										S
JT	Scudder Intermediate Fund	X												X								X										S
JT	Scudder High Yield Fund	X												X								X										S

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SCHEDULE IV — TRANSACTIONS

Name Philip S. English

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
SP	M.L. DIFA MITTS		X		5-6-05	X									
SP	General Electric Stock		X		10-7-05	X									
SP	Merrill Lynch Global Fund	X			5-9-05	X									

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Name Philip S. English | Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Citicorp	Credit Card Account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Congressional Institute IMDI (International Mgmt & Development Institute)	Jan. 7-9	Wash, DC - Scottsdale AZ - Wash DC	Y	Y	Y	none
		Feb. 19-28	Wash, DC - Paris, France, - Stuttgart, Germany - Heidelberg, Germany - Wash, DC	Y	Y	Y	3 days
	Transatlantic Policy Network	May 15-16	Pittsburg, PA - Salt Lake City, UT - Wash, DC	Y	Y	N	none
	The Aspen Institute	May 28-June 5	Wash, DC - Istanbul, Turkey - Wash, DC	Y	Y	Y	2 days
	Pepperdine University & The Heritage Foundation	Aug. 15-18	Toronto, Canada - Los Angeles, CA - Toronto, Canada	Y	Y	Y	none
	Congressional Economic Leadership Institute	Nov 26-Dec 3	Buffalo, NY - Sao Paulo, Brazil - Rio de Janeiro - Sao Paulo - Buffalo, NY	Y	Y	Y	none

Name Philip D. English

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2005	$500
The Association for Manufacturing Technology	Speech	10/14/2005	$1,000.00
Honoraria Sent to:	HAND DELIVERED		
Joel II - Restoration Outreach, Inc.			
(a 501c3 Non-Profit Corp.)			
2201 Reed St.			
Erie, PA 16503			

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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Anna Georges Eshoo
(Full Name)
P.O. Box 1265
Menlo Park, California 94026
(Mailing Address)
Daytime Telephone: (650) 323-2984

Filer Status: [X] Member of the U.S. House of Representatives — State: ____ District: ____ [ ] Officer or Employee — Employing Office: ____

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date: ____

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Anna Georges Eshoo	May-12-2006

1305

Name Anna Georges Zshoo | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of San Mateo, California	Legislative Pension San Mateo County Board of Supervisors	$9697.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
	XYZ Magazine	Article	Aug. 13, 2005	$500
	-NONE-			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Hartford Group/Deferred Comp Plan						X								Deferred Comp Plan						X											n/a
	County of San Mateo/Retirement			X											Retirement Plan										X							n/a
	Paine Webber/IRA																															
	Templeton Dragon Fund			X										X								X										n/a
	Pace Intl. Equity Fund			X										X								X										n/a

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Wells Fargo Bank					X														checking Acct				X								
	Wells Fargo Portfolio Mgmt Acct									X										Equity Securities and Mutual Funds							X					
	John Hancock Preferred Income																															
	Nuveen Pfd & Convertible Income Fund																															
	Nuveen Quality Pfd Income Fund																															
	Pimco Corp. Opply																															
	Preferred Income Strategies Fund																															
	First Republic Bank				X															checking acct		X										

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SCHEDULE IV — TRANSACTIONS

Name Amz Georges Eshoo | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	-NONE-														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
- NONE -		

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Aspen Congressional Institute Washington, D.C. Conference on U.S./Russia-Europe Relations	August 20 to 29/2005	San Francisco to Dublin $1243.00 air travel	$1562.00 total for 2	$700	Y	4 days August 26-29
		August 20 to 29/2005	San Francisco-Dublin-SF family member $2514.00	included above	$700	family member	4 days August 26-29
			Local ground transport $100 for Anna Eshoo $100 for family member				

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	-NONE-

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	-NONE-	

GPO 2008 25-628 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2006 JUN 13 AM 11:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Anna Georges Eshoo
(Full Name)

P.O. Box 1265
(Mailing Address)
Menlo Park, California 94026

Daytime Telephone: 650-323-2984

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 14	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Anna Georges Eshoo	June 13, 2006

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Name Hon. Georges Zshoo | Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or *more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.*

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of San Mateo, California	Legislative Pension San Mateo County Board of Supervisors	$9,697.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Hard Georges Eshoo | Page ___ of ___

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
-NONE-			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Hinrd Gedges Eshoo Page 2 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), *provide information on each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	Block B	Block C	Block D	Block E
SP	Mega Corp Stock	Indefinite (E)	DIVIDENDS	$1,001 – $15,000	P
DC	Simon & Schuster	Indefinite (F)	RENT, INTEREST, CAPITAL GAINS, EXCEPTED TRUST, QUALIFIED BLIND TRUST, Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	$5,001 – $15,000	P
JT	1st Bank of Paducah, KY accounts		INTEREST	$1,001 – $2,500	
	Hartford Group / Deferred Comp Plan	(F)	Deferred Comp Plan	None	n/a
	County of San Mateo / Retirement	$15,001 – $50,000	Retirement Plan	$5,001 – $15,000	n/a
	Paineweber / IRA				
	Templeton Dragon Fund	$15,001 – $50,000	DIVIDENDS	$201 – $1,000	n/a
	Pace Intl. Equity Fund	$15,001 – $50,000	DIVIDENDS	$201 – $1,000	n/a

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hind Georges Eshoo

Page 1 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Wells Fargo Bank																															
	Wells Fargo Portfolio Mgmt Acct																															
	John Hancock Preferred Income							X						X													X					P
	Nuveen Pfd. + Convertible Inc. Fund							X						X													X					P
	Nuveen Quality Pfd. Income Fund							X						X													X					P
	Pimco Corp. Opptu.							X						X											X							P
	Preferred Inc. Strategies Fund							X						X													X					P
	First Republic Bank checking acct				X											X			checking acct			X										n/a
	Wells Fargo checking acct.					X										X			checking acct					X								P
	Congressional Fed. Credit Union		X													X			checking acct		X											n/a

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Name Anna Georges Eshoo | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	John Hancock Preferred Income	X			8-9-05					X					
	Nuveen Pfd. + Convertible Income Fund	X			8-9-05					X					
	Nuveen Quality Pfd. Income Fund	X			8-9-05					X					
	Pimco Corp. Opportunity	X			8-9-05					X					
	Preferred Income Strategies Fund	X			8-9-05					X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
- NONE -		

Name Anna Georges Eshoo | Page 7 of 0

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
Aspen Congressional Institute Washington, D.C. Conference on U.S./Asia-Europe Relations	August 20 to 29 2005	San Francisco to Dublin $1243.00 air travel	$1562.00 total for 2.	Y $700	Y	4 days August 26-29
	August 20 to 29 2005	San Francisco-Dublin-SF family member $2514.00	included above	$700	family member	4 days August 26-29
		Local ground transport $100 for Anna Eshoo $100 for family member				

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	-NONE-

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	-NONE-	

GPO: 2006 25-628 (mac)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Bobby R. Etheridge
(Full Name)

1106 Mamers-Summerville Road Lillington, NC 27546
(Mailing Address)

202-225-4531
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representative — State: NC — District: 02 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/05

1323

SCHEDULE I - EARNED INCOME

Name Bobby R. Etheridge

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of North Carolina	State/Legislative Pension	$10,000
Harnett Board of Education	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	1108 Mamers-Summerville Rd., Lillington, NC	$15,001 - $50,000	RENT	$2,501 - $5,000	
SP	Agere	$1 - $1,000	DIVIDENDS	NONE	S
SP	Agere	$1 - $1,000	DIVIDENDS	NONE	S
JT	Alliance Capital Management Holding	$1000-$15,000	NONE	NONE	
JT	American Opportunities	$1,001-$15,000	NONE	NONE	
	Bristol Myers Squibb	$1,001 - $15,000	None	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

JT	Coca Cola	$1,001-$15,000	NONE	NONE	
JT	Commercial property, East McNeil Street, Lillington	$1,001-$15,000	NONE	NONE	
JT	Cornerstone Banke	$1,001-$15,000	NONE	NONE	
JT	Dean Witter Money Market Trust	$1,001-$15,000	NONE	NONE	
JT	Farm - RT 1, Broadway, NC	$250,001 - $500,000	None	NONE	
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Intel Corporation	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA (Dow Chemical)	$1,001 - $15,000	DIVIDENDS	NONE	P
	IRA (Ishares S&P Europe)	$1,001 - $15,000	DIVIDENDS	NONE	P
	IRA (Ishares Trust Lehman)	$1,001 - $15,000	DIVIDENDS	NONE	P
	IRA (Amazon.com)	$1,001 - $15,000	DIVIDENDS	NONE	P
SP	IRA (Baker Hughes)	$1,001 - $15,000	None	NONE	S
SP	IRA (Citizens Commonwealth)	$1,001 - $15,000	DIVIDENDS	NONE	P
	IRA (Coho Energy Stock)	$1 - $1,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

SP	IRA (Conoco Inc Stock)	$1,001 - $15,000	None	NONE	
SP	IRA (Duke Energy)	$1,001 - $15,000	DIVIDENDS	NONE	P
SP	IRA (Dupont stock)	$1,001 - $15,000	None	NONE	
	IRA (Honeywell International)	$1,001 - $15,000	None	NONE	
SP	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	DIVIDENDS	NONE	P
	IRA (Morgan stanley Dean Witter stock)	$1,001 - $15,000	None	NONE	
	IRA (Nanometrics, Inc)	$1,001 - $15,000	DIVIDENDS	NONE	P
	IRA (Progress Energy)	$1,001 - $15,000	None	NONE	
	IRA (RBC Centura stock)	$1,001 - $15,000	None	NONE	
	IRA (Sprint PCS stock)	$1,001 - $15,000	None	NONE	S
	IRA (UPS stock)	$1 - $1,000	None	NONE	S
	IRA (Williams Co, Inc.)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	Microsoft	$1,001 - $15,000	None	NONE	
SP	NC State deferred compensation 401K	None	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

	NC State deferred compensation plan (401K)	$100,001 - $250,000	None	NONE	
SP	NC State retirement pension	None	None	NONE	
JT	New Century Bank	$15,001 - $50,000	None	NONE	
	Oppenheimer Equity Income fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Pfizer, Inc.	$1,001 - $15,000	None	NONE	
	RBC Centura Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Bobby R. Etheridge

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA (Williams Co, Inc.)	P	11-29-05	$1,001 - $15,000
	IRA (Amazon.com)	P	01-03-05	$1,001 - $15,000
	IRA (Nanometrics, Inc)	P	01-03-05	$1,001 - $15,000
	IRA (Ishares S&P Europe)	P	01-03-05	$1,001 - $15,000
	IRA (Ishares Trust Lehman)	P	01-03-05	$1,001 - $15,000
SP	IRA (Duke Energy)	P	05-09-05	$1,001 - $15,000
SP	IRA (Citizens Commonwealth)	P	01-03-05	$1,001 - $15,000
SP	IRA (Dow Chemical)	P	01-03-05	$1,001 - $15,000
	Bristol Myers Squibb	S	10-05-05	$1,001 - $15,000
	IRA (Sprint PCS)	S	01-02-05	$1,001 - $15,000
SP	IRA (Sprint PCS stock)	S	01-02-05	$1,001 - $15,000
	Lot 28, Lakewood Park, Lillington, NC	P	03-01-05	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Bobby R. Etheridge

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	IRA (Ishares MSCIEAPE Fund)	P	01-03-05	$1,001 - $15,000
SP	Agere	S	10-05-5	$20.05
SP	Agere	S	05-31-05	$7.24

SCHEDULE V - LIABILITIES

Name Bobby R. Etheridge

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	RBC, North Carolina	Equipment loan	$3,400

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Bobby R. Etheridge

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Chicago Mercantile Exchange, Chicago Board of Trade,	Mar 18-19	Wash, DC - Ft. Lauderdale - Charlotte-Raleigh	Y	Y	Y	N/A
Americans United to Protect Social Security and Medicare	June 19-20	Raleigh-Charlotte-Louisville,KY-Charlotte-DCA	Y	N	N	N/A

SCHEDULE VIII - POSITIONS

Name Bobby R. Etheridge

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an *honorary nature; and positions listed on Schedule I.*

Position	Name of Organization
Advisory Board	Ochoneeche Boy Scout Council

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

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HC

Lane A. Evans
(Full Name)

2211 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-5905
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U S House of Representatives	State: IL District: 17	☐ Officer Or Employee — Employing Office: U.S. HOUSE OF REPRESENTATIVES
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more *than $10,000) during the reporting period?* **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	*Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child* because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lane A. Evans	MAY 12, 2006

1334

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lane A. Evans

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
406 S. Capitol St., SE, Washington, DC	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
Plow and Planters Employee Credit Union, IRA, Moline, IL	$15,001 - $50,000	INTEREST	$201 - $1,000	
Wright Patman Federal Credit Union, Savings Accounts and IRA's, Washington, DC	$50,001 - $100,000	INTEREST	$2,501 - $5,000	

SCHEDULE V - LIABILITIES

Name *Lane A. Evans*

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest *amount owed during the year.* Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Credit Union Mortgage Association	Mortgage on 406 S. Capitol St., SE	$250,001 - $500,000

SCHEDULE VIII - POSITIONS

Name Lane A. Evans

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Skills, Inc. , Moline, IL
Director	Cener for Mind-Body Studies, Washington, DC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES
(Office of Clerk)

R. TERRY EVERETT
(Full Name)

2312 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone
(202) 225-2901

Filer Status	[X] Member of the U.S. House of Representatives	State: ___ Distinct ___	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Terry Everett	5/12/06

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
U.S. House of Representatives - Congressman	U.S. Representative	140,197

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2005	$2,000
XYZ Magazine	Article	Aug. 13, 2005	$500
None	None		

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name R. TERRY EVERETT

Page 3 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide *full names of any mutual funds. For a self-directed IRA* (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, *name the institution holding the account and* provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; *any financial interest in or income derived from* U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), *in the optional column on the far left.*

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A		Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Type
SP.	SP	Mega Corp. Stock				X								X										X								P
DC. Examples		Simon & Schuster		Indefinite																Royalties								X				
JT		1st Bank of Paducah, KY accounts					X									X									X								
		400 Acre Farm																															
		Houston County, AL							X						X										X								
		On farm																		Grain & Hay	X												
		On farm																		FSA			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

Page 2 of 12

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	F $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
Merrill Lynch - 16632																														
CMA		X													X						X									
PFL Endeavor Var. Annuity							X						X													X				
Merrill Lynch - 52295																														
AIM Global Science		X											X							X										
Merrill Lynch - 16288																														
CMA			X												X							X								
University of Alabama @ Birmingham Hospital				X											X								X							P
University of Alabama @ Birmingham Hospital						X									X										X					
University of Alabama @ Birmingham Hospital				X											X								X							S
Amer. Income Fund						X							X											X						
Amer. Capital Income						X							X												X					
Amer. Bond Fund						X							X												X					
MLJWH Strat. Alloc. Fd.					X								X											X						P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Merrill Lynch - 24252																															
	CMA				X											X								X								
	Municipal Bonds																															
	N. Richland Hills, TX						X									X										X						
	Jefferson Co., TX						X									X										X						
	West VY City, UT						X									X										X						
	Seguin TX Indpt						X									X										X						
	Laredo TX Comm Clge						X									X										X						
	Washoe Co. Nev. Reno Sparks						X									X										X						
	Penn State Higher Ed						X									X										X						
	Little Elm TX Indpt						X									X										X						
	King Co. Wa. Swr Rev						X									X										X						
	New Waverly TX Indpt						X									X										X						
	Bellwood, IL						X									X										X						
	Birmingham AL Wtrwks						X									X										X						
	Indianapolis IN LCL PWD						X									X										X						
	Bastrop Tex Indpt						X									X										X						
	Honolulu Hi Cy Co Bd						X									X										X						
	Central Puget Sound, WA						X									X										X						P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Thrift Savings (401k)							X								X											X					
	First Federal of South-Ck	X														X					X											E
	SunSouth Bank - Investment Account							X								X										X						
	IRA (H) - SunSouth				X											X							X									
	IRA (W) - SunSouth				X											X							X									
	BankSouth - CDs						X									X										X						
	Merrill Lynch IRA (H)					X										X									X							
	2 Notes receivable on personal residences in Coffee and Houston, Co., AL					X										X									X							
	SunSouth Bank - checking				X											X							X									
	SunSouth Bank - checking						X									X										X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Congressional Federal CU																														
	Checking					X										X								X							
	Savings			X												X							X								
	Money Market Acct						X									X									X						

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Name R. TERRY EVERETT

Page 9 of 12

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-05		X								
	University of AL @ Birmingham - Hospital		X		9/01/05		X								
	University of AL @ Birmingham - Hospital	X			8/31/05		X								
	MLJWH Strat. Alloc. Fd.	X			3/01/05			X							
	Central Puget Sound WA	X			3/03/05				X						

This page may be copied if more space is required.

Name	R. TERRY EVERETT	Page 10 of 12

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. *Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold*

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	None
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
Hyundai Motor Manufacturing Alabama — Grand Opening Ceremony (travel expenses)	5/20/05	Wash, DC - Montgomery AL	N	Y	N	None

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A — For use by Members, officers, and employees

Sam Farr
(Full Name)

1221 Longworth House Office Building Washington, DC 20515 — (202) 225-2861
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: CA, District: 17	☐ Officer Or Employee — Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. App. 4, § 104 and U.S.C. § 2001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sam Farr	May 12, 2006

SCHEDULE I - EARNED INCOME

Name Sam Farr

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Financial Transitions Institute	Spouse Salary	N/A
Hospice of Monterey	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Chevy Chase Land Company	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000	
	Devil's Flat Association	$15,001 - $50,000	None	NONE	
	Point 16, Big Sur, CA LLC Membership Interest (converted to LLC in 2005)	$500,001 - $1,000,000	RENT/Sale of Easement to State of California	$15,001 - $50,000	
	Sharlands Investment Company	$1,001 - $15,000	None	NONE	
	Columbia Channel Gold Mine	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Interest - CA State Retirement System	$15,001 - $50,000	Other: Pension Income	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	Sorensen's Resort Partnership Interest	$15,001 - $50,000	Other: Partnership distribution	$2,501 - $5,000	
	Tahoe Cabin	$15,001 - $50,000	RENT	$2,501 - $5,000	
	Lots 7,9, 10 (SE corner of Santa Lucia & Camino Real), Carmel, CA	$250,001 - $500,000	None	NONE	
	The following stocks were acquired as a result of father's death and the dissolution of the Janet H. Farr Trust:				
	Boeing Company Stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Bristol Myers Squib Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Chevron Texaco Corp. Stock (Sold Jan 2006)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Colgate Palmolive Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	General Electric Stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Hewlett-Packard Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	IBM Corp. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Motorola Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Washington Mutual Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	Hartford Financial Services Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Pfizer Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Medco Health Solutions Inc. Stock	$1,001 - $15,000	None	NONE	
	Intel Corp. Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Freescale Semiconductor Stock	$1,001 - $15,000	None	NONE	
	Vista Lobos Apartments (Interest held throught the Farr Children's Trust and the Delores Farr Trust. Filer is 50% beneficiary.)	$250,001 - $500,000	RENT	$50,001 - $100,000	
	Morgan Stanley Dean Witter (mutual funds and money market fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Congressional Federal Credit Union (Savings Account)	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Congressional Federal Credit Union (IRA account)	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Sam Farr

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Point 16, Big Sur, CA LLC Sale of Easement	S	April 19, 2005	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Sam Farr

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Aspen Institute (Participated in conference on US policy in Latin America)	Jan. 9-14	Monterey, CA–Punta Mita, Mexico–Monterey, CA	Y	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Chaka Fattah
(Full Name)

2301 Rayburn HOB Washington, DC 20515
(Mailing Address)

202.225.4001
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: PA District: 02 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilful y fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Chaka Fattah

Date (Month, Day, Year): 5/15/06

SCHEDULE I - EARNED INCOME

Name Chaka Fattah

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
GE	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Chaka Fattah

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
S	PA State Employee Retirement System	$50,001 - $100,000	Other: Pension reported as earned income	$2,501 - $5,000	Other:N/A
SP	GE Common Stock	$100,001 - $250,000	Other: 401K	NONE	Other: N/A

SCHEDULE V - LIABILITIES

Name Chaka Fattah

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
S	Wachovia	Line of Credit	$15,001 - $50,000
S	Wright Patman Federal Credit Union	Line of Credit	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Chaka Fattah

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Philadelphia Futures

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